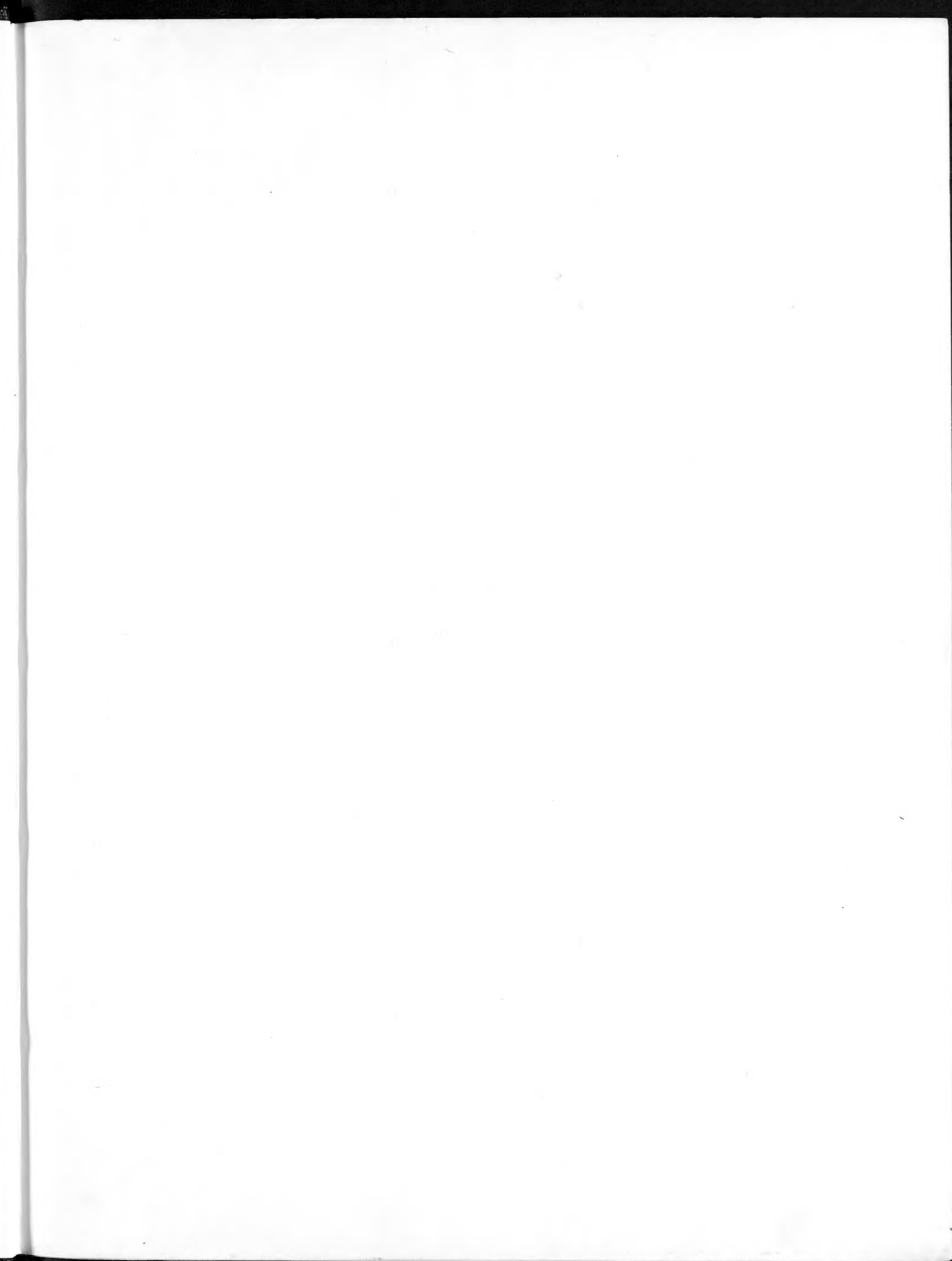


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HERAUSGEGEBEN VON

**PROF. DR. F. KEIBEL,**  
FREIBURG I. BR.

FÜNFTES HEFT.

NORMAL PLATES OF THE DEVELOPMENT OF THE RABBIT  
(LEPUS CUNICULUS L.).

BY

**CHARLES S. MINOT AND EWING TAYLOR,**  
HARVARD MEDICAL SCHOOL BOSTON, MASS.

WITH 3 PLATES AND 21 FIGURES IN THE TEXT.



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## Preface.

The Normal Plates of the rabbit were originally undertaken by me in 1896, in response to the invitation with which my friend, Professor KEIBEL, the Editor of the Series, honored me. It seemed to me that the rabbit offered particularly favorable opportunities for obtaining stages, which should be really nearly normal, i. e., representative of the median of the variations for each selected age. Accordingly I began collecting litters of embryos of known ages from nine to twenty-one days, the ages selected being always either even days or half-days. Of each age at least four litters were secured, and of some ages six or seven. The next step was to select for each age by careful comparison of the specimens of that age with one another that litter of embryos which appeared nearest central. Out of this litter three embryos were taken for sectioning as representing the norm for that age. In a few cases the selected embryos were not all from the same litter. Next the selected normal or median embryos of all the ages were compared with one another to make sure that they formed a good progressive series. A typical embryo of each set of three was drawn and thus the series of figures on the plates was prepared. As will be seen the method worked satisfactorily on the whole, though the "normal" embryos of twelve and one half and of thirteen days do not fit perfectly into the series figured.

The three selected embryos of each stage were sectioned, one in the transverse, one in the sagittal and one in the frontal plane. The three series of sections in each case have been added to the Harvard Embryological Collection, where they will be always accessible to competent investigators. The data as to the development of the embryos have been obtained from the study of these series, and similar ones of younger stages. Study soon showed that the three "normal" embryos agree very closely with one another in the details of their development, so that as a rule a correct collective statement as to the condition of each organ could be drawn up with little difficulty so as to be applicable to all three embryos. Exceptions to this rule are not very frequent, and all the important ones observed are noted in the tables.

Of the older stages (nine to twenty days), it may be claimed, I think, that we really have considered "normal" embryos.

With the younger stages a like success was not attained, hence in regard to these it must be pointed out that the descriptions refer to individual embryos as has been the custom in the previous numbers, I—IV, of the "Normentafeln".

After I had prepared a good deal of material, in fact most of that used for this work, and had made some progress with the collection of titles for the Bibliography, it became clear to me that I could hardly hope to complete the work in a reasonable time, so great had the pressure of my avocations become.

Under these circumstances Professor KEIBEL consented to my having the collaboration of Dr. EWING TAYLOR, and it is owing to his steady industry that the work is now completed.

The observations, upon which all the tabulations and descriptions are based, have been made by Dr. TAYLOR, who has been occupied with this labour for two years, during which he has devoted all the time, which could be spared from his duties as Assistant in my Laboratory. My own share has been that of a consultant. To Dr. TAYLOR therefore belongs the chief credit and a large share of the responsibility for this publication.

Most of the drudgery of getting together the titles for the Bibliography has also been borne by Dr. TAYLOR. We have endeavored to make the Bibliography complete as regards embryology, extensive as regards anatomy, but have included only the more important systematic and palaeontological papers, which seemed likely to be of interest to embryologists.

Harvard Medical School, Boston, Mass.,

February 8, 1905.

Charles S. Minot.

## Description of Embryos pictured.

The embryos were in nearly every case fixed in ZENKER's fluid, as noted in the separate descriptions. The measurements and drawings were made from the specimens preserved in 80% alcohol, with one exception, the blastodermic vesicle of Fig. 1. H. E. C. stands for Harvard Embryological Collection. The numbers in the column marked "Designation" in the Tables are the numbers of the series in this collection.

⊙ Fig. 1 (× 20). Surface view. Fig. 1a (× 20). Side view. Fig. 13 (× 5).

Blastodermic vesicle of rabbit removed from uterus 6 days, 1½ hours after coitus. Specimen was drawn fresh in salt solution. The vesicle is approximately spherical. On surface view there appears a small circular embryonic shield, more opaque than the rest of the vesicle. The thin albuminous envelope surrounding the vesicle is clearly visible. On side view, a darker zone is seen extending toward but not as far as, the pole of the vesicle opposite to the embryonic shield. This darker zone corresponds to the extension of the entodermal cells which do not completely surround the vesicle. In a vesicle closely resembling the one drawn, the embryonic shield was two-layered, ectoderm and entoderm, the latter forming a distinct layer beneath the ectoderm.

Figs. 2 (× 20) and 14 (× 5).

The drawing is a reproduction of another drawing made from a specimen which has since been cut. The blastodermic vesicle was removed from the uterus 6½ days after coitus. ZENKER fixation. Measure, 4.2 × 3.8 mm. The vesicle was slightly oval in form. The embryonic shield is pear-shaped. HENSEN's knot and primitive streak are distinct; the boundaries of the latter are not very sharply defined. There is a slightly more opaque area, extending from the region of the primitive streak a little beyond the posterior margin of the embryonic shield. This area corresponds to the extent of the mesoderm. The portion of the shield anterior to the level of HENSEN's knot is somewhat darker, as viewed by transmitted light, than the portion posterior. This appearance is due to the thicker condition of the ectoderm in the former region as

compared with the latter; the entoderm also is slightly thicker. This anterior portion of the shield is two-layered, ectoderm and entoderm. H. E. C., No. 625.

① Figs. 3 ( $\times 20$ ) and 15 ( $\times 5$ ).

The drawing is a reproduction from another drawing made from a specimen which has since been cut. Embryo removed from uterus 7 $\frac{1}{2}$  days after coitus. ZENKER fixation. Mesoderm measured 4.0  $\times$  3.4 mm. The embryonic shield is pear-shaped. HENSEN's knot, situated a little anterior to center of shield, is distinct. Notochordal anlage is visible as a more opaque band extending forward from HENSEN's knot. Primitive groove runs from HENSEN's knot to posterior end of shield. A more opaque area, corresponding to the extent of the mesoderm, stretches for some distance around the shield. This area reaches the anterior margin of the shield but does not pass in front of it. Over this area, beyond the boundaries of the embryonic shield, the outer ectodermal layer (trophoblast of HUBRECHT) is somewhat thickened. There is a distinct projection at HENSEN's knot. The embryonic ectoderm over the region of the notochordal anlage is a little thinner than laterally in this part of the shield. The primitive groove is very shallow. H. E. C., No. 622.

[H.E.C. #884] Figs. 4 ( $\times 20$ ) and 16 ( $\times 5$ ).

Specimen removed from uterus 8 days, 6 hours after coitus. TELLYESNICKY fixation. Measured 1.8 mm. from anterior end of embryonic shield to posterior end of primitive streak. No segments. Embryonic shield broader at anterior end than at posterior. HENSEN's knot is distinct: it is situated a little posterior to center of shield. The primitive groove extends from HENSEN's knot to the posterior end of the shield, ending there in an opaque spot. The notochordal anlage is faintly indicated as a more opaque band extending forward from HENSEN's knot. The ectoderm of the lateral portion of the shield, anterior to the region of HENSEN's knot, is somewhat thicker than the median ectoderm over the notochordal anlage. This apparently marks the beginning of the medullary plate with a suggestion of a groove in the center. There is no projection at HENSEN's knot. There are apparently no blood anlagen. This specimen is only a little more advanced than that of Fig. 3.

[H.E.C. #883] ② Figs. 5 ( $\times 20$ ) and 17 ( $\times 5$ ).

Embryo removed from uterus 8 days, 6 hours after coitus. ZENKER fixation. Measured 2.2 mm. from anterior end of medullary plate to posterior end of primitive streak. (The specimen was, however, a little bent, concave dorsally.) Medullary plate distinct, elongated, flat, slightly expanded at anterior end on each side in a curved manner. Posteriorly it surrounds HENSEN's knot and merges into region of primitive streak. Medullary groove is relatively wide and shallow. The notochordal anlage is visible through the groove. The primitive streak is considerably shorter than the medullary plate. The primitive groove is very shallow. HENSEN's knot conspicuous as a circular opaque spot. Only one pair of segments is clearly marked off on both sides, but a second pair, posterior to the former, is clearly indicated though not sharply bounded on the caudal side. The segments lie under the narrowest part of the medullary plate, nearer HENSEN's knot than the anterior end of the plate. There are a few small extra-embryonic blood anlagen. There is apparently no coelom.

[H.E.C. #885] ③ Figs. 6 ( $\times 20$ ) and 18 ( $\times 5$ ).

Embryo removed from uterus 8 days, 1 hour after coitus. ZENKER fixation. Measured 2.6 mm. from anterior end of medullary plate to posterior end of primitive streak. (Specimen was, however, a little bent.) Medullary plate distinct, quite flat, expanded cephalad in two lateral projections; narrowest in region of segments; surrounds HENSEN's knot and merges into region of primitive streak. Medullary groove is wide.



Notochordal anlage is visible through medullary groove. HENSEN's knot is distinct as a circular opaque spot. The primitive streak is short. There are three distinct pairs of segments, but the third pair is not completely separated on the posterior aspect. A fourth pair, anterior to these three, is indicated, but is small and not clearly marked off. There are a few extra-embryonic blood anlagen and primitive blood cells. There is a very small coelom.

Figs. 7 ( $\times 20$ ) and 19 ( $\times 5$ ).

The drawing is a reproduction of another drawing made from the specimen before sectioning. The embryo was removed from the uterus  $8\frac{1}{2}$  days after coitus. ZENKER fixation. Measured 3.4 mm. The medullary groove is wide open. There are six distinctly formed pairs of segments; the seventh pair caudad is nearly separated. Primitive streak distinct. The caudal end of the embryo in the region of the primitive streak is somewhat bent. For internal development, see Table No. 2, made from a study of the sections of this embryo.

¶ Figs. 8 ( $\times 20$ ) and 20 ( $\times 5$ ).

Embryo removed from uterus  $8\frac{1}{2}$  days after coitus. ZENKER fixation. Measured 3.2 mm. from tip of head to caudal amnion. There are eight distinctly formed segments. Posterior to the eighth, a ninth is almost completed. The cephalic end of the embryo is raised above the level of the surrounding extra-embryonic disk but dips ventral a little into the proamnion. The back is flat. The medullary groove is open throughout. It is considerably expanded in the region of the optic diverticula; a little expanded in the region of the hind-brain; nearly closed in the region of the future mid-brain. The walls of the medullary groove, between the segments, approach each other, but, posterior to the segments, diverge to form a space in which the remnant of the primitive streak is seen. Laterad of the segments, as seen by transmitted light, is a narrow longitudinal light band, where there is a very small amount of mesoderm. Again laterad, is a broader, darker area, where the mesoderm is thicker and incloses the coelom. Posteriorly, the segments pass into an unsegmented band. The proamniotic area is distinct. The caudal fold of the amnion has begun. The area of extra-embryonic ectoderm, which was attached to the uterus and torn off on the removal of the specimen, is quite large. It reaches anteriorly as far as the plane of the hind-brain. On ventral view, the mesodermal allantoic fold is plain. The pocket of the fore-gut is just discernible. The notochord is not to be made out on external examination. Compare, for internal development, Tables Nos. 3 and 4.

¶ Figs. 9 ( $\times 20$ ), 21 ( $\times 5$ ) and 21a ( $\times 5$ ).

Embryo removed from uterus 9 days after coitus. ZENKER fixation. Measured 3.4 mm. There are ten distinct segments. The cephalic end of the embryo bends ventrad beneath the level of the extra-embryonic disk at an angle of nearly  $135^\circ$  with the rest of the body, and is buried in the proamnion. Posterior to the point of this bend, the body is flat. The place of entrance into the embryo of the vitelline veins is distinctly marked. As in the  $8\frac{1}{2}$ -day embryo, there is to be seen by transmitted light a narrow longitudinal light band, laterad of the segments. Again laterad, a broader, darker area. Posteriorly the segments pass into an unsegmented band. The proamnion, which encloses the head, reaches approximately to the region of the hind-brain. The caudal amniotic fold extends cephalad more than one third the length of the embryo. The medullary tube appears closed throughout except perhaps in the extreme posterior end. The walls of the hind-brain are a little expanded. The shallow otic pits are just visible alongside of the hind-brain. On ventral view, the heart chamber makes a slight projection under the head. The heart tube is

visible through the thin wall of this chamber. The fovea cardiaca or entrance to the fore-gut is very distinct. The ventral bend of the head begins just posterior to the heart, or in the region of the fovea cardiaca. The mesodermal allantoic fold is prominent. Compare, for internal development, Tables Nos. 6 and 7.

As compared with the  $8\frac{1}{2}$ -day embryo, this 9-day stage shows the following more important changes: there are ten distinct segments instead of eight; the head now bends ventrad forming a decided angle with the body; the proamnion surrounds the head; the caudal amnion is of much greater extent; the medullary tube is closed nearly throughout the body; the otic pits are visible; the heart chamber begins to project.

♂ Figs. 10 ( $\times 10$ ), 22 ( $\times 5$ ) and 22a ( $\times 5$ ).

Embryo removed from uterus  $9\frac{1}{2}$  days after coitus. ZENKER fixation. Measured in a direct line from head to tip of tail 3.4 mm.; from head to bend of body 2.4 mm.; from bend of body to tip of tail 2.4 mm. The head of the embryo is bent at a point corresponding to the mid-brain approximately to a right angle. The body, also, at a point just posterior to the heart is bent to the same degree as the head. The caudal end of the body is twisted around sharply to the right so that it appears folded over the adjoining region. The optic vesicles are distinctly visible. There is a slight expansion of the roof of the hind-brain. The openings of the otic cups are distinct. The bent heart tube is visible through the thin pericardial wall. The mandibular and hyoid arches are clearly marked; the maxillary process barely so. Segments are visible externally to the number of nearly twenty-three. The caudal segments are not easily counted with accuracy on external observation. Compare, for internal development, Tables Nos. 8 and 9. However, Table No. 8 is a stage a little younger; Table No. 9 a stage a little older than the embryo described above.

As compared with the 9-day stage, this  $9\frac{1}{2}$ -day embryo shows the following more important changes: the head bend at the point of the mid-brain is clearly developed to the extent of a right angle; the bend of the body just caudad of the heart is now approximately right-angled instead of obtuse; the caudal end of the embryo is twisted over to the right; the optic vesicles are more distinct; the otic cups are deeper, though still open; the heart is more prominent; the mandibular and hyoid arches have appeared, as well as a suggestion of the maxillary process; the segments are more numerous.

♂ Figs. 11 ( $\times 10$ ), 23 ( $\times 5$ ) and 23a ( $\times 5$ ).

Embryo removed from uterus 10 days after coitus. ZENKER fixation. Measured 3.8 mm. longest diameter viz. from vertex<sup>1)</sup> of head to the most remote point on body; from vertex to brow 1.6 mm. The head of the embryo is bent to an acute angle; the body is bent in two places approximately to a right angle, while the tail end is twisted over sharply to the right. The optic vesicles are conspicuous. The thin expanded roof of the hind-brain has acquired a kite shape. Alongside of the hind-brain, the trigeminal ganglion is clearly visible; the otocyst, perhaps both the otocyst and acustico-facial ganglion, is just distinguishable. The oral cavity is wide open. The maxillary process, mandibular and hyoid arches are distinct. There are clear evidences of a third arch posterior to the hyoid. The first and second external gill clefts are plain. The mandibular arches do not meet at the surface in the mid-ventral line. The bent heart tube is clearly visible through the thin pericardial wall. A slight thickening at the bend of the cephalic end of the body marks the beginning fore-limb bud. Near the tail, another slight thickening marks the beginning hind limb bud. Segments are visible externally to the number of thirty, approximately. Compare, for internal development, Table No. 10.


1) Vertex is here used in the sense of the German "Scheitel" (top).

As compared with the  $9\frac{1}{2}$ -day stage, this 10-day embryo shows the following more important changes: the head bend forms an acute angle rather than a right; the body is so bent as to leave the surface of the embryo, corresponding in position to the original dorsal aspect, of relatively small extent; the otic vesicles are no longer open to the exterior; the head and body cephalad of the anterior bend of the trunk, including the heart region have clearly grown larger; a gill arch posterior to the hyoid has appeared, as well as the first two clefts; the roof of the hind-brain has become kite-shaped.

 Fig. 12 ( $\times 10$ ), 24 ( $\times 5$ ), and 24a ( $\times 5$ ).

Embryo removed from uterus  $10\frac{1}{2}$  days after coitus. ZENKER fixation. Measured 4.8 mm. longest diameter. Vertex-brow, 2.2 mm. Vertex-neck, approximately 2.8 mm. The head bend is nearly right-angled. The neck bend has appeared. In the region of the fore-limb bud, the body is bent approximately to the extent of a right angle. The caudal end of the embryo is bent over to the right so far as to make nearly one complete turn. The optic vesicle is evident. The thin ependymal roof of the hind-brain is conspicuous: its kite shape is very distinct. Alongside of the hind-brain the trigeminal ganglion is visible. The maxillary process, mandibular and hyoid arches are prominent. The cervical sinus is indicated. In it, the third and fourth gill arches are distinguishable but not very conspicuous. The first and second external gill clefts are very clear, the third much less so. The oral cavity is wide open. The mandibular arches barely meet in the mid-ventral line, in part do not. The auricular region, the ventricular limb and truncus arteriosus of the heart are easily visible through the thin pericardial wall. The fore limb buds form slight projections in the region of the main bend of the trunk. The hind limb buds also form slight projections on the upper part of the turn of the caudal end of the body but appear a little less prominent than the fore limb buds. Segments are visible externally to the number of approximately thirty-three. Compare, for internal development, Table No. 11.

The more important changes in this  $10\frac{1}{2}$ -day embryo as compared with that of 10 days are the following: the neck bend has appeared but has progressed so far as to form an obtuse angle only with the line of the back; the caudal end of the embryo is rolled over to the right so far as to make nearly one complete turn; the ependymal roof of the hind-brain is more conspicuous; the cervical sinus is now indicated; the fourth gill arch and third external gill cleft have appeared; the fore and hind limb buds now make slight projections.

 Fig. 25 ( $\times 5$ ).

Embryo removed from uterus 11 days after coitus. ZENKER fixation. Measured 5.4 mm. longest diameter: vertex-brow, 2.6 mm.; vertex-neck nearly 3.0 mm. The brow projects beyond the pericardial cavity and is separated from the caudal end of the body by only a short interval. The head bend is nearly right-angled. The neck bend forms an obtuse angle with the line of the back. The main bend of the trunk approximates a right angle. The tail end of the body is bent over to the right. Shallow nasal pits are visible. The openings of the lentic vesicles are very distinct. The thin kite-shaped roof of the hind-brain is conspicuous; under it, the trigeminal ganglion. The maxillary process, mandibular and hyoid arches are prominent. The cervical sinus is well marked; in it appear the third and fourth gill arches. The first and second external gill clefts are very clear; the third less so, but evident. The mandibular arches touch the pericardial wall. The auricular region, the ventricular limb and truncus arteriosus of the heart are distinctly visible through the thin pericardial wall. The fore and hind limb buds project; the former a little more than the latter. Externally there are visible approximately 36 segments (or myotomes). Compare, for internal development, Table No. 12.



The more important changes in this 11-day embryo as compared with that of 10½ days are the following: the neck bend is more developed; the brow overhangs the heart chamber more, so that there is less space between the tail end of the body and the brow; the caudal end of the body is not rolled over to the right so much but makes nearly a half turn; nasal pits are now visible, as well as the openings of the lentic vesicles; the cervical sinus is more distinct; the third and fourth gill arches and the third external gill cleft are plainer; the limb buds are a little larger.



Fig. 26 (× 5).

Embryo removed from uterus 11½ days after coitus. ZENKER fixation. Measured 6.0 mm. longest diameter: vertex-brow, 3.0 mm; vertex-neck, 3.6 mm. The brow projects beyond the heart chamber so far as to leave only a short interval between itself and the region of the hind limb buds. The head bend forms a wide acute angle. The neck bend forms an obtuse angle. There is a slight prominence in the region of the mid-brain. The trunk is bent to approximately a right angle, but in the form of a gradual curve, at a point a little caudad of the fore limb buds. The tail end of the body bends to the right to the extent of nearly half one turn. The tip of the tail is somewhat straightened. The lentic vesicles are closed. The thin, expanded, kite-shaped roof of the fourth ventricle is distinct, as also the trigeminal ganglion. The nasal pits are rather shallow. The maxillary process, mandibular and hyoid arches are prominent. The cervical sinus is distinct. In it appear the third and fourth gill arches. The first and second external gill clefts are clearly marked; the third less so, but distinct. The heart chamber forms a projection under the mouth region. The auricular region, ventricular limb and truncus arteriosus of the heart are clearly distinguishable. The fore and hind limb buds project. Externally there are visible approximately 37 or 38 myotomes (segments). Compare, for internal development, Table No. 13.

The more important changes in this 11½-day embryo as compared with that of 11 days are the following: the head bend makes more plainly a wide acute angle; the neck bend is more developed so as to approach more nearly a right angle; a slight prominence in the region of the mid-brain has appeared; the portion of the trunk between the fore and hind limb buds appears a little straighter and longer; the lentic vesicles are now closed: the nasal pits are deeper; the cervical sinus appears more depressed; the fore and hind limb buds are a little larger.



Fig. 27 (× 5).

Embryo removed from uterus 12 days after coitus. ZENKER fixation. Measured 6.0 mm. longest diameter: vertex-brow, 3.2 mm.; vertex-neck, 4.0 mm. The brow projects beyond the heart chamber upon which the region between the nasal pits appears to rest. The head bend is an acute angle. The neck bend is an obtuse angle. The main bend of the trunk caudad of the fore limb buds forms an obtuse rather than a right angle. The caudal end of the body bends over to the right making at least half of one turn. The hemispheres are visible. The nasal pits are wide open. The roof of the fourth ventricle and trigeminal ganglion are conspicuous. The maxillary process, mandibular and hyoid arches are large and prominent. The cervical sinus and therein the third and fourth gill arches are distinct. The first, second and third external gill clefts are plain. The auricular and ventricular regions of the heart are easily visible through the pericardial wall. The fore and hind limb buds project: the latter are on the upper part of the caudal turn of the body. Externally there are visible approximately 40 myotomes. Compare, for internal development, Table No. 14.

This 12-day embryo shows no very important changes as compared with that of 11½ days; the main differences are the following: the main bend of the trunk caudad of the fore limbs has straightened

a little so that it forms an obtuse rather than a right angle; the nasal pits are deeper; the umbilical cord has become a somewhat more definite structure.



Fig. 28 ( $\times 5$ ).

Embryo removed from uterus  $12\frac{1}{2}$  days after coitus. ZENKER fixation. Measured in longest diameter 7.6 mm.: vertex-brow, 4.0 mm; vertex-neck, 4.0 mm. The end of the head projects well beyond the heart chamber. The head bend is a wide acute angle. The neck bend is nearly right-angled. The trunk, between the fore and hind limbs, bends gradually within the extent of an obtuse angle. In the region of the hind limbs the caudal end of the body is bent straight up and then turns to the right. The tip of the tail is bent a little outward away from the body: it is not far from the brow. The nasal pits are open. The outlines of the hemispheres are visible in front of the eye. There is a slight prominence in the region of the mid-brain. The eye, with the lens, is conspicuous. The thin roof of the fourth ventricle is evident. The maxillary process, mandibular and hyoid arches are large and prominent. There are on the mandibular and hyoid arches small irregularities, the beginnings of the tubercles of the external ear. The cervical sinus is marked only by a small hole. No third and fourth gill arches are recognizable. The first or auditory gill cleft is nowhere closed. No other gill cleft is clearly distinguishable. The auricles and the ventricular region of the heart are easily seen externally. The fore and hind limb buds project quite prominently. The fore limb bud shows a beginning division into two parts, an outer, broader and an inner, narrower and rounder part. The outer part is curved on its edge, but flattened from side to side: it is the beginning of the manus. The hind limb bud shows no sign of division: it is, however, curved on its edge and flattened from side to side distally. There is a quite distinct umbilical cord. Externally there are visible from the neck to the tip of the tail approximately 47 to 48 myotomes. Compare, for internal development, Table No. 15.

The more important changes, some of which are quite striking, in this  $12\frac{1}{2}$ -day embryo as compared with that of 12 days, are the following: the heart chamber appears relatively prominent; the neck bend has become nearly a right angle; the trunk has straightened out considerably; the caudal end of the body is bent upright rather than in the form of a turn; the openings of the nasal pits are somewhat narrower; the trigeminal ganglion is not so prominent; the tubercles of the external ear begin as described above; the cervical sinus is reduced to a small hole; the third and fourth gill arches are no longer recognizable; no gill cleft is distinguishable except the auditory; the limb buds are larger, the fore limb showing the beginning differentiation described above; the hind limbs now mark the point of the upward caudal bend instead of being at the top of this bend, and are more nearly in a direct line with the fore limbs.



Fig. 29 ( $\times 5$ ).

Embryo removed from uterus 13 days after coitus. ZENKER fixation. Measured in longest diameter 9.8 mm.: vertex-brow, 5.0 mm.; vertex-neck, 5.0 mm. The brow projects so far that the anterior nares face inward toward the pericardial wall, to which they are very near. The head bend and neck bend are both approximately right-angled. The main bend of the trunk caudad of the fore limbs forms a wide obtuse angle, gradually curving. The caudal end of the body is bent straight upward and a little to the right in the region of the hind limbs. The tip of the tail, which is turned away from the umbilicus, nearly touches the brow. The outlines of the hemispheres are clearly visible. There is a slight elevation in the region of the mid-brain. The eye is prominent, the lens easily recognizable. The thin expanded roof of the fourth ventricle is evident. The trigeminal ganglion is not at all clear. The maxillary process is prominent. The tubercles of the external ear on the mandibular and hyoid arches are well marked. These two arches meet

below the auditory cleft. There is no visible trace of a cervical sinus or of third and fourth gill arches. The milk line is clear though small. Both fore and hind limb buds show a division into two parts; a condition which is, however, better marked in the fore limbs. The distal part is curved on the edge, broader, but flattened from side to side; it is, in the fore limb, the beginning of the manus; in the hind limb, the beginning of the pes. Myotomes are visible externally from a point just cephalad of the roots of the fore limbs to the tip of the tail. Compare, for internal development, Tables Nos. 16 and 17.

The more important changes in this 13-day embryo as compared with that of 12 $\frac{1}{2}$  days are the following: the head is larger and projects more; the trunk is considerably straightened though not much more than at 12 $\frac{1}{2}$  days; the heart chamber is relatively less prominent, while the abdomen has become more prominent; the tubercles of the external ear are more distinct; the outlines of the mandibular and hyoid arches have, consequently, become obscured; these arches also now meet below the auditory cleft; there is no longer any trace of the cervical sinus; the milk line has appeared; the hind limb as well as the fore limb shows the division described above; both limbs are larger. This 13-day embryo was rather large in measure, though in degree of development it makes a very good stage between the 12 $\frac{1}{2}$ -day and 14-day embryos.

Fig. 30 ( $\times 5$ ).

The description is taken from a specimen closely similar to that figured and of the same age. Embryo of 14 days after coitus. Measured in longest diameter 10.6 mm.: vertex-brow, 5.6 mm.; vertex-neck, 5.0 mm. ZENKER fixation. The head projects beyond the heart chamber so far that while the mouth overlies the latter, the brow and anterior nares nearly touch the umbilicus and umbilical cord. A very small interval only separates the tail from the brow. The head bend is right-angled. The neck bend forms a close obtuse rather than a right angle. The trunk bends gradually to the region of the hind limbs where the caudal end of the body turns straight upward toward the head and remains nearly in the median line. The tip of the tail is bent away from the umbilicus. The outlines of the hemispheres are easily distinguishable. The eye is prominent, the lens distinct, as also retinal pigment. There is a slight elevation in the region of the mid-brain. The thin expanded roof of the fourth ventricle is visible. The auditory cleft is closed below but has a wide opening. The pinna projects. The maxillary process is more prominent than the mandible on lateral view. There is no distinct hyoid arch. The manus shows distinct traces of a beginning division into digits; the pes also, but perhaps a little less clearly marked. Both palms and soles face mesad. The milk line is in part divided into separate mammary anlagen. Myotomes are rather indistinct in the cephalic half of the trunk; in the caudal half, they are plainer. Compare, for internal development, Table No. 18.

The more important changes in this 14-day embryo as compared with that of 13 days are the following: the overhanging head is nearer the umbilicus; the auditory cleft is completely closed below; the pinna now projects a little; the hyoid arch, as a distinct structure, has disappeared; the thoracic region is less prominent, the abdomen more so; the limbs are clearly larger and show the beginning digital divisions; the milk line has become separated in part into the mammary anlagen.

Fig. 31 ( $\times 5$ ).

The description is taken from a specimen closely similar to that figured and of the same age. Embryo of 15 days after coitus. Measured in longest diameter 12.4 mm.: vertex-brow, 5.6 mm.; vertex-neck,

4.4 mm. ZENKER fixation. The head projects far forward but the nares and brow are separated from the umbilical cord by a considerable interval. The mouth faces downward toward the pericardial wall, from which it is not far distant. The head bend is nearly right-angled. The neck bend forms an obtuse angle. The hind limbs are directed ventrad rather than upward toward the head; they are nearly in a direct line with the fore limbs. The caudal end of the body is bent up between the hind limbs. The tip of the tail is bent away from the body. The abdomen is as prominent as the thorax. The anterior nares are small; the mouth wide. The eye with the lens is prominent. The lid folds appear, though small. There are hair anlagen visible on the maxilla and one large hair anlage under the eye. The pinna projects over the external auditory opening. There are on manus and pes ridges, with shallow grooves between, indicating the formation of digits. The palms face mesad and a little caudad; the soles face mesad. There are separate mammary anlagen. Myotomes are indistinct cephalad of the roots of the hind limbs. Compare, for internal development, Table No. 19.

The more important changes in this 15-day embryo as compared with that of 14 days are the following: the head is now at a noticeably greater distance from the umbilicus; the neck bend has begun to straighten; the trunk has straightened so much that the hind limbs are directed ventrad more than upward toward the head; the abdomen has become as prominent as the thorax, which no longer projects in such a striking manner as in the younger stages; the lips have begun; hair anlagen appear on the maxilla and one under the eye; the pinna projects more over the external auditory opening; digital divisions on manus and pes are more distinct.



Fig. 32 ( $\times 5$ ).

The description is taken from a specimen closely similar to that figured and of the same age. Embryo of 16 days after coitus. Measured in longest diameter 16.2 mm.; brow-snout, 4.4 mm.; vertex-brow, 6.6 mm.; vertex-neck, 4.6 mm. ZENKER fixation. The top of the head forms nearly a right angle at the brow with the line of the face. The head bend at the vertex is essentially right-angled. The neck bend makes a wide obtuse angle. The head is somewhat elevated. There is a striking prominence at the vertex in the region of the mid-brain. The back is straight nearly to the level of the hind limbs where the body curves gradually around until the short tail projects ventrad in the median line between these extremities, which extend a little farther than the tip of the tail. The abdomen is more prominent than the thorax. The mouth and nares face downward (caudad). The snout projects a little. There are numerous hair anlagen on the maxilla; four distinct above the eye; one below. The mandible is not prominent. The lid folds are small. The pinna projects over the external auditory opening. The manus and pes show distinct digital divisions; the manus, five in all; four larger, one on the median, originally upper, side smaller: the pes, four in all. In both manus and pes these divisions are connected. The palms look downward; the soles mesad. There are three distinct mammary anlagen visible on lateral view. Myotomes are distinguishable only in the tail. There are coils of intestine in the umbilical cord. Compare, for internal development, Table No. 20.

The more important changes in this 16-day embryo as compared with that of 15 days are the following: the snout is more distinct and more prominent; the neck bend is much reduced, and, as a consequence, the head is more elevated; a striking prominence in the region of the mid-brain has appeared; the trunk is still more straightened; the hind limbs project ventrad, and the tail also; the abdomen is more prominent than the thorax; the pinna projects more; the fore limb has turned so that the palm faces downward or caudad; myotomes can only be made out in the tail.



Fig. 33 (X 5).

The description is taken from a specimen closely similar to that figured and of the same age. Embryo of 16 $\frac{1}{2}$  days after coitus. Longest diameter, 17.6 mm.; brow-snout, 5.0 mm.; vertex-brow, 7.0 mm. ZENKER fixation. This 16 $\frac{1}{2}$ -day embryo does not differ much from that of 16 days except in some increase in size. The bends of the head, neck and caudal region are in essentially the same condition. Compare the description of the 16-day embryo. The more noticeable changes are the following: the snout projects a little more; the digits in manus and pes are somewhat more clearly separated; the pinna is a little larger and more pointed. There is still a striking prominence in the region of the mid-brain. Compare, for internal development, Table No. 21.



Fig. 34 (X 5).

The description is taken from a specimen closely similar to that figured and of the same age. Embryo of 17 days after coitus. Longest diameter, 21.0 mm.; brow-snout, 7.0 mm.; vertex-brow, 8.0 mm. ZENKER fixation. The angle at the brow is nearly right. The angle at the vertex is obtuse. The neck bend forms a wide obtuse angle. The head is considerably elevated but projects ventrad of the body. The caudal end of the body curves around gradually until the short tail lies between the hind limbs. The snout is quite prominent. The mouth and external nares face downward (caudad). There are hair anlagen on maxilla and mandible, four above the eye, one below it and a few between the mandible and the ear. These anlagen are numerous on the lateral and somewhat on the ventral aspect of the trunk between the fore and hind limbs. There is a small elevation in the region of the mid-brain. The digits in both manus and pes are distinctly separated; five in the manus, four in the pes. The palm faces caudad, the sole mesad, nearly meeting its fellow. Compare, for internal development, Table No. 22.

The few more important changes in this 17-day embryo as compared with that of 16 $\frac{1}{2}$  days are the following: the neck bend is further reduced and in consequence the head is more elevated; there is not such a striking prominence in the region of the mid-brain; the snout and mandible are somewhat more prominent; hair anlagen appear on the trunk; the limbs are clearly larger; the digits separated.



Fig. 35 (X 5).

The description is taken from a specimen closely resembling that figured and of the same age. Embryo of 18 days after coitus. Longest diameter, 24.4 mm.; brow-snout, 8.0 mm.; vertex-brow, 7.2 mm. ZENKER fixation.

This 18-day embryo does not show many important differences from that of 17 days, the description of which may be referred to; the former when compared with the latter shows the following changes: the head is a little more elevated; the snout and mandible are somewhat more prominent; the eyelids are more developed; there is a general increase in size; hair anlagen are more numerous. Compare, for the internal development of this 18-day embryo, Table No. 23.



Fig. 36 (X 5).

The description is taken from a specimen closely similar to that figured and of the same age. Embryo of 20 days after coitus. Longest diameter, 29.0 mm.; brow-snout, 10.0 mm.; vertex-brow, 8.0 mm.

The bend at the brow forms an obtuse rather than a right angle. The bend at the vertex forms an obtuse angle. The neck bend forms a wide obtuse angle. The head is

considerably elevated. The tail projects directly ventrad. The external nares and mouth face in the main caudad. The snout is quite prominent. The lids meet, closing the eye. The head and trunk are well covered with hair anlagen. The palm faces caudad, the sole faces in part caudad in part mesad. On both manus and pes the beginnings of the claws are indicated. Three separate mammary anlagen are visible on lateral view. The umbilicus is relatively small. Compare, for internal development, Table No. 24.

There are only a few noticeable changes in this 20-day embryo as compared with that of 18 days, these are as follows: the snout projects a little more; the bend at the brow is a little straightened; the head is a little more elevated; the eyes are closed; the sole faces a little caudad.

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# Tables.

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Table No.	Designation	Measure	Age	Body Form	Primitive Streak
1.	H. E. C. No. 650 Trans.	3.4 mm from head end to tail end	8½ days	Embryo is flat; practically level with extra-embryonic disk. Anterior end of medullary plate raised above adjoining ectoderm.	Includes 59 sections of 6 μ thickness. Ectoderm and mesoderm joined together. Small medullary plate but no medullary groove over anterior end of primitive streak. No primitive groove except possibly at posterior end.
2.	No. 624 Trans.	3.4 mm from head end to caudal end	8½ days	Essentially the same as in No. 650. Anterior end of medullary plate is a little more elevated.	Includes 39 sections of 10 μ. Small medullary plate but no medullary groove over anterior end of primitive streak. No primitive groove.
3.	No. 571 Trans. No. 573 Sag.	3.8 mm 3.4 mm	8½ days	Cephalic end raised above level of surrounding extra-embryonic disk; also dips ventrad a little. The back is flat.	Includes 23 sections of 10 μ. Medullary groove practically absent at anterior end of primitive streak.
4.	No. 621 Trans.	3.2 mm	9 days	Essentially the same as in No. 571.	Includes 34 sections of 6 μ anterior to region of anal membrane. Very shallow medullary groove over anterior end of primitive streak.
5.	No. 620 Trans.	3.5 mm	9 days	The back is flat. The head bends ventrad a little.	Includes 28 sections of 6 μ anterior to anal membrane. Distinct medullary groove over anterior end of primitive streak remnant.
6.	No. 619 Trans.	3.8 mm	9 days	The back is flat. The head bends ventrad. The pericardial chamber projects a little.	Includes 33 sections of 6 μ anterior to anal membrane. Medullary tube nearly but not quite closed dorsally over anterior end of primitive streak remnant.
7.	No. 568 Trans. No. 570 Sag.	3.6 mm 3.4 mm	9 days	Essentially like No. 619, Table 6.	Closely similar to No. 619. Includes 20 sections of 8 μ. Anterior end of remnant of primitive streak now dorsal to hind-gut.
8.	No. 623 Trans.	4.4 mm	9½ days	The back caudad of the heart is nearly flat. The head and heart regions bend ventrad at an obtuse angle. The heart projects.	Includes 18 sections of 8 μ. Medullary tube closed and separated from external ectoderm over anterior end of primitive streak remnant. Hind-gut is formed ventral to latter point.
9.	No. 565 Trans. No. 567 Sag. No. 566 Front.	3.0 mm 3.0 mm 3.0 mm	9½ days	Head bend right-angled. Body, caudad of heart, bent to a right angle. Caudal end of body twisted over to the right.	Still a trace left of primitive streak. Includes about 9 sections of 10 μ. Posterior end of remnant of primitive streak joined to hind-gut as well as medullary tube.
10.	No. 562 Trans. No. 563 Front.	3.6 mm 3.4 mm	10 days	Head bend slightly acute-angled. Trunk twice bent approximately to a right angle. Caudal end of body rolled over to right. Limb buds just visible.	Still a slight trace left of primitive streak in caudal end of body. Mesoderm in median line is joined to medullary tube and to lateral mesoderm.
11.	No. 559 Trans. No. 560 Front. No. 561 Sag.	4.4 mm 5.4 mm 5.6 mm	10½ days	Head bend nearly right-angled. Neck bend present. Caudal end of body spirally twisted to the right. Heart chamber prominent. Limb buds project a little.	In caudal end of body, the median mesoderm is joined to medullary tube, to lateral mesoderm and to hind-gut, through a few sections. Here no distinct notochord. Cf. notochord.
12.	No. 556 Trans. No. 557 Front.	5.0 mm 5.0 mm	11 days	Head bend nearly right-angled. Neck bend obtuse-angled. Caudal end of body twisted over to right. Brow projects beyond heart chamber, which is prominent. A small interval separates brow from caudal end of body.	
13.	No. 553 Trans. No. 554 Front. No. 555 Sag.	6.0 mm 6.0 mm 6.0 mm	11½ days	Head bend acute-angled. Neck bend obtuse-angled. Caudal end of body turned over to right. Only a small interval separates brow from region of hind limb buds. A slight prominence in region of mid-brain. Heart chamber prominent.	
14.	No. 146 Trans. No. 148 Front.	5.0 mm 5.0 mm	12 days	Head bend acute-angled. Neck bend obtuse-angled. Caudal end of body bent over to right. Brow projects beyond heart chamber, to which the former is near.	



Primitive Segments	Notochord. Axial Skeleton. Skull	Table No.
Externally 5 fully formed segments visible. Segments are small, somewhat oblong, but their shape is not very well defined in cross section.	In region of segments, notochord anlage a thin bar not separated from adjoining entoderm. This bar more distinct posterior to segments. Farther posterior, it is connected with mesoderm.	1.
Externally 6—7 segments. They are now a little larger; their shape in cross section is roughly triangular, viz. anterior segments. Small but distinct myocoele.	Notochord anlage, a thin bar, not separated from entoderm in region of segments and anterior to them. Here mesoderm does not cross median line of body. Just anterior to primitive streak, this bar, larger, connects with mesoderm and is distinct from entoderm.	2.
Externally about 9 segments. Anterior segments roughly triangular in cross section, have a distinct but small cavity.	Small notochord anlage not separated from entoderm in region of segments. Just anterior to primitive streak, anlage of notochord is connected with mesoderm and separated from entoderm.	3.
Externally 8 fully formed segments. Essentially the same as in No. 571, Table 3.	Essentially like No. 571, Table 3.	4.
Externally 9 fully formed segments. Anterior segments roughly triangular in shape, have a distinctly formed cavity.	Notochord anlage a thin bar not separated from entoderm except just anterior to primitive streak. This bar merges into region of primitive streak.	5.
Externally 11 segments. In anterior segments, the wall is partly broken down, mesenchyma replacing it. In both anterior and posterior segments, the cavity space is filled with cells, the segment nucleus. The posterior segments have a fairly distinct form which in cross section is somewhat quadrilateral.	In heart region, notochord anlage is a small number of cells connected with entoderm of dorsal wall of fore-gut and in contact with medullary tube. In region of segments, notochord anlage a small bar partly connected with entoderm. Posteriorly, this bar merges into region of primitive streak.	6.
Condition essentially the same as in No. 619, Table 6.	Essentially like No. 619, Table 6.	7.
Anterior segments more differentiated. Cutis plate is distinct. Muscle plate not yet very clearly formed. Mesenchyma increased in amount. 16 segments (counted from sections).	Notochord anlage, dorsal to anterior part of fore-gut, a transversely narrow bar of cells joined to entoderm and touching medullary tube. Notochord anlage merges into region of remnant of primitive streak.	8.
In the region of the heart, the myotome is now clearly formed. Cutis plate and muscle plate are distinct. Considerable mesenchyma around notochord and medullary tube. 23 segments (from sections; No. 565).	Posterior to ear, notochord a transversely narrow bar of cells joined to entoderm of fore-gut. In heart region, notochord separated from entoderm by mesenchyma. Posteriorly, dorsal to hind-gut, notochord joined to entoderm. Farther caudad, notochord anlage distinct from entoderm. In trunk, notochord separated from entoderm of gut by dorsal aorta.	9.
In heart region, cutis plate and muscle plate of myotome are distinct. 29 segments (from sections; No. 562).	Anterior to ear, notochord a bar of cells, transversely very narrow, attached to entoderm of pharynx, not to hind-brain. In trunk, notochord small, circular in cross section, imbedded in mesenchyma. Near tip of tail, notochord, medullary tube and gut fuse into mass of cells joined to mesoderm.	10.
In heart region, cutis plate and muscle plate of myotome still distinct. Cells of muscle plate somewhat differentiated. About 32 segments (from sections; No. 559).	A clear connection between notochord and hypophysis. In head and trunk, notochord small, nearly circular in cross section, imbedded in mesenchyma. Notochord, medullary tube and post-anal gut fuse in tip of tail into a mass of cells not separated from mesoderm.	11.
In heart region, cutis plate and muscle plate of myotome still recognizable, but less distinct than at 10½ days. About 36 segments (from sections; No. 556).	Distinct connection between notochord and hypophysis. Notochord imbedded in mesenchyma extends from hypophysis to tip of tail. In heart region, first indication of notochordal sheath. Notochord, medullary tube and post-anal gut fuse in tip of tail into common cell mass.	12.
In anterior part of heart region, cutis plate and muscle plate of myotome still in part recognizable, but considerably modified, especially muscle plate.	Apparently no connection between notochord and hypophysis. Notochord small, circular in cross section, imbedded in mesenchyma. In heart region, slight indication of notochordal sheath. Slender connection between notochord and hypophysis in sagittal series.	13.
	Apparently no connection between notochord and hypophysis. Indication of notochordal sheath in region of anterior limb buds. Notochord, medullary tube and post-anal gut fuse in tip of tail.	14.

Table No.	Age	Brain and Cephalic Nerves	Spinal Cord. Spinal Nerves. Sympathetic
1.	8 $\frac{1}{2}$ days	Cephalic end of medullary plate raised somewhat above level of adjoining ectoderm: here medullary groove shallow, wide open, does not extend entirely to anterior end of medullary plate.	Medullary groove wide open throughout. In region of segments, medullary groove deeper than more cephalad. Medullary plate thicker than adjoining ectoderm, rather abrupt demarcation between the two. No medullary groove over anterior end of primitive streak, but small medullary plate.
2.	8 $\frac{1}{2}$ days	Cephalic end of medullary plate raised up, broad. Here medullary groove wide open but somewhat deeper than in No. 650: it does not extend entirely to anterior end of medullary plate.	Medullary groove wide open throughout. In future cardiac region and region of segments, a sharp demarcation between medullary plate and adjoining ectoderm. Caudad of segments, no such sharp demarcation. No medullary groove but small medullary plate over anterior end of primitive streak.
3.	8 $\frac{1}{2}$ days	Essentially like No. 621, Table 4.	Essentially like No. 621, Table 4.
4.	9 days	Medullary tube extends to anterior border of head, where tube is open. In region of optic diverticula, a narrow dorsal opening of medullary tube; in region probably of future mid-brain, dorsal ectoderm closed over medullary tube. Medullary tube has a narrow dorsal opening in region of posterior part of future hind-brain.	In region of first segment, medullary tube open dorsally: through 2 and 3 segments tube closed dorsally but not separated from dorsal ectoderm; through 4 segment tube open dorsally by a narrow fissure; through 5 segment dorsal ectoderm closed over tube; tube open between 5 and 6 segments and from that point caudad.
5.	9 days	Medullary tube open at anterior end of head, and ventrally under region of optic diverticula: closed dorsally and separated from dorsal ectoderm in regions of fore-, mid- and hind-brains; the latter show beginning differentiation and expansion. Fore-brain, excepting optic diverticula, shows little expansion. Anlagen of trigeminal and acoustico-facial ganglia?	Dorsal ectoderm closed over medullary tube in region of anterior segments. Medullary tube open dorsally in region of posterior segments and thence caudad. Abrupt demarcation between dorsal ectoderm and that of medullary tube in region of posterior segments. Shallow medullary groove over primitive streak. No medullary groove over posterior end of medullary plate, under caudal amnion.
6.	9 days	Medullary tube not open at anterior end of head. Seam of closure of medullary tube distinct ventrally under region of optic diverticula. Fore-, mid- and hind-brains more clearly differentiated and expanded than in No. 620. Hind-brain roughly triangular in cross section, base dorsal. Anlagen of trigeminal and acoustico-facial ganglia quite clear.	Dorsal ectoderm closed over medullary tube caudad of segments and under caudal amnion, but only in anterior part of this region; in posterior part, medullary tube open dorsally by a narrow fissure; here abrupt demarcation between medullary and dorsal ectoderm. Medullary groove deep and narrow over primitive streak; narrow dorsal opening. Shallow medullary groove appears to reach posterior end of medullary plate.
7.	9 days	Essentially like No. 619, Table 6.	Medullary tube closed dorsally but not separated from dorsal ectoderm near anterior end of primitive streak.
8.	9 $\frac{1}{2}$ days	Fore-brain, excepting optic diverticula, not much expanded. Hind-brain considerably expanded. Anlagen of trigeminal and acoustico-facial ganglia. Anlage of glossopharyngeal ganglion?	Small medullary tube, open dorsally, over posterior end of remnant of primitive streak. Probable Anlagen of spinal ganglia in trunk, but not distinct, merely small clusters of cells.
9.	9 $\frac{1}{2}$ days	Fore-brain considerably expanded, extends anterior to optic vesicles. Narrow region between fore-brain and mid-brain. Hind-brain considerably expanded; its thin endymal roof developed somewhat. Trigeminal and acoustico-facial ganglia distinct, the former a little larger than the latter. Probable glossopharyngeal ganglionic anlage just posterior to otocyst, much smaller and less distinct than the two anterior. Possible indistinct anlage of vagus ganglion?	In heart region, medullary tube elongated dorso-ventrally; cavity narrow. Dorsal and ventral walls thinner than lateral. Medullary tube completely formed to tip of tail. Probable spinal ganglionic Anlagen, but not distinct structures.
10.	10 days	Fore-brain and mid-brain a little more expanded than at 9 $\frac{1}{2}$ days. Narrow region between mid-brain and hind-brain, or isthmus, somewhat differentiated. Hind-brain most expanded in region of 5th ganglion; here thin endymal roof widest; quite clear division of wall of hind-brain into dorsal and ventral zones of H.S. Trigeminal ganglion large and prominent. Acoustico-facial ganglion distinct but not so large as trigeminal. Small Anlage of glossopharyngeal ganglion. Small indistinct Anlage of vagus ganglion?	In region just posterior to heart, medullary tube elongated dorso-ventrally, oval in cross section, cavity narrow. Medullary tube, completely formed, extends to tip of tail, ending blindly; here tube is small, circular in cross section. Rather indistinct Anlagen of spinal ganglia; these are more distinct in posterior part of trunk than in region just caudad of brain.
11.	10 $\frac{1}{2}$ days	Fore-brain extends some distance anterior to optic vesicles. Narrow region between fore-brain and mid-brain. Mid-brain circular in cross section. Isthmus quite distinct, oval in cross section. 5th ganglion large and prominent. A division of 5th ganglion extending cephalad, ophthalmic? 7th and 8th ganglion large. Glossopharyngeal ganglion distinct but smaller than the two cephalad of otocyst. Vagus ganglion less distinct than 9th. In region of 10th ganglion hind-brain much less expanded than in region of 5th ganglion. Slight Varolian bend.	In region posterior to heart, spinal ganglia quite distinct. Here medullary tube elongated dorso-ventrally, narrow from side to side, with narrow cavity. A trace of Randschleier. Caudad medullary tube gradually becomes less differentiated.
12.	11 days	Early hemisphere Anlagen as small lateral projections from wall of fore-brain. Mid-brain nearly circular in cross section. Isthmus distinct, oval in cross section, elongated dorso-ventrally. 5th ganglion large and prominent. Ophthalmic division of 5th ganglion, extending cephalad. 7th and 8th ganglion large and prominent but smaller than 5th. 9th ganglion distinct but slender, much smaller than 7th and 8th. 10th ganglion distinct. In region of 7th and 8th ganglion, wide thin endymal roof of hind-brain: a trace of division of walls of latter into dorsal and ventral zones; furrow between ventral zones. Small Randschleier ventrally.	In heart region, distinct spinal ganglia. Spinal nerve formed by junction of dorsal and ventral roots, which now appear. Distinct fibers in spinal nerve, which extends a short distance only. In region of anterior limb buds, ventral roots traceable but less distinct than more cephalad. In region of posterior limb buds, no distinct dorsal ganglia.
13.	11 $\frac{1}{2}$ days	Small hemisphere Anlagen only slightly more distinct than at 11 days. Fore-brain extends well anterior to optic stalks. Anlage of motor oculi nerve, as a few fibers from ventral region of mid-brain. In region of 5th ganglion, ventral zones of hind-brain nearly level with each other; beginning mantle layer; small Randschleier. Motor root of 5th nerve evident. Ophthalmic division of 5th ganglion extends dorsal to eye. Beginning mandibular division of 5th ganglion? 9th ganglion distinct. Beginning differentiation of ganglion jugulare and nodosum of 10th nerve, the latter more distinct than the former. Distinct fibers of 10th nerve. Spinal accessory Anlage. Distinct fibers of hypoglossal nerve. Varolian bend a gradual curve.	In cervical region, ventral roots and spinal nerves very small; dorsal ganglia distinct. In region of anterior limb buds, spinal cord elongated dorso-ventrally; roughly quadrilateral with rounded edges in cross section; cavity narrow especially between ventral zones; distinct roof and floor plates; larger ventral, smaller dorsal zones: small Randschleier; distinct mantle layer in ventral zones. Spinal nerve fibers extend to root of anterior limb bud. In region of posterior limb buds, spinal nerves not formed; dorsal ganglia visible, though not large; no distinct mantle layer. In caudal region, no distinct dorsal ganglia.
14.	12 days	Anlagen of hemispheres distinct. Beginning differentiation of EHRENITTER's ganglion and ganglion petrosum of 9th nerve. In general essentially like 11 $\frac{1}{2}$ day embryos.	Essentially like 11 $\frac{1}{2}$ day embryos.

Eye	Ear	Nose and Mouth	Hypophysis and Infundibulum	Table No.
Anlagen of optic vesicles in lateral parts of cephalic end of raised medullary plate?				1.
A little expansion of cephalic end of medullary plate. Essentially the same condition as in No. 650, Table 1.				2.
Essentially the same condition as in No. 621, Table 4.		Entoderm of fore-gut in contact with ectoderm.		3.
Primary optic vesicles distinct, though small; open widely into medullary tube, which is open dorsally. They form the entire lateral boundary of medullary tube at point of connection. Ventral wall of vesicle thicker than dorsal.		Entoderm of fore-gut in contact with ectoderm.		4.
Optic vesicles a little more expanded than in No. 621, Table 4.	Very early anlage of otocyst, a slight thickening of ectoderm, quite level, lateral to hind-brain.	Entoderm of fore-gut in contact with ectoderm.		5.
Optic vesicles larger than in No. 620. Anterior portion of optic vesicle wide open to region of fore-brain, the complete lateral boundary of which it forms. Posterior portion of optic vesicle ventral in connection with fore-brain.	Anlage of otocyst, a slight thickening of ectoderm, nearly level, close against wall of hind-brain. Anlage of acoustico-facial ganglion lies ventral and cephalad.	Oral membrane. Entoderm of fore-gut joined to ectoderm.		6.
Essentially like No. 619, Table 6.	Anlage of otocyst slightly concave dorsally.	Oral membrane formed; entoderm of fore-gut joined to ectoderm. Small oral cavity.		7.
Optic stalk in process of differentiation. A little mesoderm between lateral wall of optic vesicle and external ectoderm.	Otocyst anlage concave dorsally forming small open cup. Acoustico-facial ganglion lies ventral to cephalic end of otocyst.	Oral membrane distinct, a solid epithelial band. Small oral cavity.		8.
Optic stalk very short; distinctly ventral in connection with fore-brain. Optic vesicles somewhat expanded laterally, extend a little caudad of optic stalk. A little mesoderm between lateral wall of optic vesicle and external ectoderm.	Otocyst closed but connected with dorsal ectoderm. Otocyst lies close against wall of hind-brain.	Oral membrane in part broken through. Oral cavity deeper than in No. 623; more distinct; in median line bounded above by head, below by pericardial wall; laterally mandibular arches interpose. The latter quite prominent; maxillary processes very small.	Hypophysis a very small evagination of ectoderm on dorsal side of mouth cavity just in front of oral plate, which is broken through in middle. Hypophysis close against wall of fore-brain.	9.
Primary optic vesicle in essentially the same condition as at 9 $\frac{1}{2}$ days.	A trace of connection of otocyst with dorsal ectoderm. Otocyst circular in cross section. In one 10 day (3.0 mm) series otocyst is open.	Fore-gut wide open to mouth cavity; caudal portions of mandibular arches joined together in median line. On one 10 day (3.0 mm) series the oral membrane is intact.	Hypophysis very small, essentially the same as at 9 $\frac{1}{2}$ days.	10.
Optic stalk a little longer than at 10 days; connects with ventral region of fore-brain. Very slight thickening of external ectoderm forming lens anlage.	A trace of former connection of otocyst with dorsal ectoderm, but no actual connection. Cephalic portion of otocyst lies close against wall of hind-brain.	Olfactory plates, slight ectodermal thickenings, level, of considerable extent. Oral cavity wide open between maxillary processes; open also at cephalic border of mandibular processes. Caudal portions of mandibular processes meet in median line.	Diverticulum of hypophysis well marked, larger than at 10 days, rather foursided in cross section, closely approximated to wall of fore-brain.	11.
Slight thickening of lens anlage a little invaginated. Outer wall of optic vesicle flattened, a little thickened, indicating retinal anlage. The latter closely approximated to the anlage of lens. Optic stalk short, hollow.	Distinct beginning of ductus endolymphaticus, which is short. Cephalic wall of otocyst joined to acoustico-facial ganglion.	Olfactory plates, slight ectodermal thickenings, for the most part level; the posterior parts of plates a little bent in, concave to exterior. Oral cavity open between maxillary and mandibular processes.	Hypophysis a little longer than at 10 $\frac{1}{2}$ days. Upper end closely joined to wall of fore-brain.	12.
Lentic cup connected with external ectoderm and open to exterior by a narrow mouth only. Inner wall of cup slightly thickened. Secondary optic cup clearly formed by invagination of retinal anlage. Cavity of primary optic vesicle very small. Beginning of choroid fissure, invagination of ventral side of optic cup. Short, hollow optic stalk. Small blood vessel in narrow space between inner wall of lentic cup and retinal anlage.	Short ductus endolymphaticus. Otocyst, roughly somewhat triangular in dorso-ventral section, separated from wall of hind-brain by narrow strip of mesenchyma. Acoustico-facial ganglion close against anterior wall of otocyst.	Shallow nasal pits. In median plane mouth cavity communicates widely with pharynx.	Hypophysis quite long, closely approximated to floor of fore-brain. Upper end of hypophysis flattened dorso-ventrally.	13.
Essentially the same condition as in 11 $\frac{1}{2}$ day embryos. In one 12 day (5.0 mm) series, lentic vesicle is completely closed and separated from external ectoderm.	Essentially the same condition as at 11 $\frac{1}{2}$ days.	Nasal pits shallow. Very early indication of JACOBSON's organ.	Infundibulum present as a very small evagination of floor of fore-brain. Upper end of hypophysis slightly expanded laterally, slightly concave toward fore-brain, joined to infundibulum.	14.

Table No.	Age	Pharynx. Thyroid. Thymus	Digestive Tract. Liver. Pancreas. Spleen	Respiratory Tract	Urogenital System
1.	8 1/2 days				
2.	8 1/2 days				
3.	8 1/2 days		Fore-gut extends through 13 sections of 10 $\mu$ . Beginning of hind-gut. Anal membrane formed; entoderm in contact with ectoderm.		Beginning of Wolffian duct (?) as a small solid cell accumulation on dorsal side of nephrotome and connected with it in region of posterior segments; of very short extent.
4.	9 days		Fore-gut extends through 13 sections of 6 $\mu$ . In essentially the same condition as No. 571, Table 3.		
5.	9 days	First entodermal gill pouch formed; entoderm of pharynx meets external ectoderm.	Fore-gut extends through 45 sections of 6 $\mu$ . Beginning of hind-gut. Anal membrane.		A similar structure to that described in No. 571, Table 3 but somewhat more distinct.
6.	9 days	First entodermal gill pouch; entoderm of pharynx meets ectoderm. Beginning of second entodermal pouch.	Fore-gut extends through 54 sections of 6 $\mu$ ; hind-gut through 13 sections of 6 $\mu$ . Anal membrane.		Distinct solid anlage of Wolffian duct on dorsal side of intermediate cell mass and attached to latter; in region of median segments, approximately. Longer than before but still rather short.
7.	9 days	Closing membrane of first entodermal pouch formed. Second entodermal gill pouch; entoderm touches ectoderm.	Fore-gut extends through 60 sections of 8 $\mu$ ; hind-gut through 24 sections of 8 $\mu$ . Anal membrane.		Essentially the same condition as in No. 619, Table 6.
8.	9 1/2 days	First gill pouch with closing membrane. Second gill pouch; entoderm touches ectoderm. Mandibular arch indicated.	Fore-gut extends through 65 sections of 8 $\mu$ ; hind-gut through 37 sections of 8 $\mu$ . Mid-gut open to yolk sack through 120 sections of 8 $\mu$ . Anal membrane ventral.		Large solid anlage of Wolffian duct in region of posterior segments. Caudal end of Wolffian duct has a connection with ectoderm.
9.	9 1/2 days	Closing membranes of first and second entodermal pouches clearly formed. Third gill pouch distinct; entoderm touches ectoderm. Mandibular and hyoid arches distinct. Maxillary process slightly indicated. Median thyroid anlage, a small solid median entodermal thickening, projecting ventrad from pharynx.	Liver anlage consists of a tubular outpocketing from intestine. To this outpocketing is attached a small, solid mass of cells, lying in septum transversum. Early anlage of stomach as slight expansion of gut, straight? Cloaca somewhat differentiated. Anal membrane. Post-anal gut not clearly formed.	Pulmonary groove present; open throughout.	Solid Wolffian duct imbedded in mesenchyma, situated in trunk of body. Wolffian duct apparently ends blindly in posterior part of trunk, without any connection either with ectoderm or with cloacal epithelium. Beginning of Wolffian tubule?
10.	10 days	Closing membranes of first and second gill pouches. Third gill pouch distinct; entoderm joined to ectoderm. Maxillary process, mandibular and hyoid arches distinct. Small solid median thyroid anlage, projecting ventrad from pharynx.	Anlage of stomach indicated. Liver anlage in essentially the same condition as at 9 1/2 days. Opening of gut into yolk sack quite wide. Cloaca distinct. Small anal membrane. Post-anal gut scarcely formed.	Pulmonary groove narrow; open throughout.	Wolffian duct shows trace of lumen. Blind cephalic end of Wolffian duct close against coelomic epithelium or joined to it. Wolffian duct joined to epithelium of cloaca but without any opening. Small Wolffian tubules with small lumina. A tubule joined to Wolffian duct and to coelomic epithelium.
11.	10 1/2 days	Beginning of cervical sinus. Closing membranes of first, second and third entodermal gill pouches. Small fourth gill pouch; its entoderm separated from external ectoderm by mesoderm. Small solid median thyroid anlage. Early thymus anlagen, small evaginations ventrad from lateral ends of third gill pouches.	Anlage of stomach distinct. Solid cell masses of liver anlage in septum transversum. Opening of gut into yolk sack small. Anal membrane. Post-anal gut scarcely formed.	Pulmonary groove narrow, elongated dorso-ventrally, open throughout. Slight expansion of ventral portion of pulmonary groove, early indication of pulmonary outgrowths.	Numerous Wolffian tubules showing traces of lumina; they are connected with Wolffian duct, which has a small lumen. Epithelium of Wolffian duct fuses with epithelium of cloaca, apparently without any opening.
12.	11 days	Closing membranes of first, second and third gill pouches. Fourth gill pouch small; its entoderm separated from ectoderm by mesoderm. Small solid median thyroid anlage joined to entoderm of pharynx in region of second gill arches. Thymus anlagen, ventrad projections from 3rd pouches. 3rd and 4th gill arches included in cervical sinus.	Stomach turned to left. Solid cords of liver cells irregularly arranged in septum transversum; very vascular. Dorsal pancreas small. Distinct cloaca. Anal membrane. Distinct but short post-anal gut.	Pulmonary groove open throughout. Small pulmonary anlagen, right and left. Considerable mesenchyma about latter.	Numerous Wolffian tubules with small cavities. Cavity of Wolffian tubule communicates with cavity of Wolffian duct. Wolffian tubule bent S-shaped. Cephalad Wolffian duct ends blindly; caudad it fuses with cloaca but without opening through.
13.	11 1/2 days	Closing membranes of first, second and third gill pouches. Fourth gill pouch small; its entoderm separated from ectoderm. Small solid median thyroid anlage. Thymus anlagen, tubular ventrad projections from third gill pouch. Anlagen of lateral thyroids, small projections from fourth gill pouch.	Cavity of caudal part of oesophagus very narrow. Stomach well marked, turned decidedly to left. Lesser peritoneal cavity closed cephalad. Very vascular network of solid cords of liver cells. Division of liver into lobes indicated. Anlage of gall bladder distinct. Dorsal pancreas distinct. Early indication of ventral pancreas. Gut bends toward navel. Yolk stalk in umbilicus has very small cavity. Anal membrane. Post-anal gut with small cavity.	Caudad, anlage of trachea completely separated from oesophagus by mesenchyma; cephalad, pulmonary groove open to oesophagus. Right and left primary bronchi.	In region of liver and stomach, a small cell structure dorsal to coelom, showing in part traces of a lumen, with solid connecting band to coelomic epithelium; corresponding in position to that of Wolffian duct or tubule but well cephalad of Wolffian duct. Wolffian duct now opens into cloaca. Very short beginning of ureter on dorsal side of Wolffian duct. Beginning glomerulus formation.
14.	12 days	Essentially like 11 1/2 day embryos.			Blind cephalic end of Wolffian duct close against coelomic epithelium in region of fore limbs. Wolffian tubules extend to region of hind limbs. Wolffian duct opens freely into cloaca. Ureter a little longer than at 11 1/2 days.



Heart and Blood Vessels	Integument	Extremities	Amnion	Allantois	Table No.
A few small solid blood anlagen over yolk sack. Embryonic coelom begun, more advanced in future heart region.	Ectoderm adjoining medullary plate one-layered.		No amniotic folds in this embryo.		1.
Blood vessels with primitive blood cells over yolk sack. Blood anlagen over yolk sack partly solid. Double lateral heart anlage (vitelline veins) endothelial tube and mesothelial projection. No single median heart. Primitive dorsal aortae in segmented region. Pericardial coelom well formed.	Same as No. 650, Table 1.		Caudal amniotic fold closed over extreme posterior end of primitive streak region. Proamniotic area. No head fold.	No entodermal allantois. Beginning of mesodermal allantoic fold?	2.
	Embryonic ectoderm adjoining medullary tube one-layered.		Caudal amnion closed over posterior part of primitive streak region. Head sunk in proamnion to level of edges of latter.	Like No. 621, Table 4.	3.
Over yolk sack, blood vessels; primitive blood cells; partly solid blood anlagen. Lateral heart anlagen beginning to bend ventrad; nowhere united into a single heart. Distinct primitive dorsal aortae. First aortic arch apparently formed. No blood cells in heart anlagen, nor in dorsal aortae.	Same as No. 571, Table 3.		Like No. 571, Table 3.	No entodermal allantois. Mesodermal allantoic fold?	4.
Blood anlagen over yolk sack partly solid. Double heart anlage ventral to fore-gut but nowhere united to a single heart. Distinct dorsal aortae. First aortic arch. Dorsal aorta contains a few primitive blood cells.	Same as No. 621, Table 4.		Dorsal surface of head sunk to level of edges of folds of proamnion. Lateral amniotic folds in region of open posterior part of medullary groove, caudal amnion closed over latter.	No entodermal allantois. Small mesodermal allantoic fold.	5.
Single median heart. Embryonic coelom closed by projection of vitelline vein at entrance of latter into embryo. Heart tube bent a little to the right. Venous and aortic end of heart differentiated. First aortic arch. Anterior cardinal (jugular) vein appearing. Umbilical vein appears, contains blood cells. Dorsal aortae contain a few blood cells. No blood cells in heart.	Same as No. 620, Table 5.		Head below level of extra-embryonic disk. Proamnion closed over tip of head. Caudal amnion closed over posterior part of embryo for some distance. Small lateral amniotic folds, wide open.	No entodermal allantois. Mesodermal allantoic fold.	6.
	Embryonic ectoderm one-layered.		Caudal amnion closed to a point dorsal to segments.	Mesodermal allantoic fold larger; in part ventral to hind-gut. Entodermal allantois just beginning.	7.
Umbilical veins communicate with vitelline. At point of communication, coelom is bridged. Large sinus venosus. Auricular region, ventricular and aortic limbs of heart indicated. Heart bent somewhat S-shaped; contains blood cells. First aortic arches. Anterior cardinal veins present. Umbilical veins distinct. Dorsal aortae large, containing blood cells.	Same as at 9 days.		Head enclosed in proamnion. Amnion open only by a narrow cleft in heart region. Amnion closed from a point dorsal to anterior segments caudad.	Thick mesodermal allantoic fold ventral to hind-gut. Entodermal allantois begun.	8.
Sinus venosus. Auricular region of heart single. Heart bent somewhat S-shaped. Aortic limb distinct. First aortic arch. Second aortic arch distinct. Two ventral carotids. Anterior cardinal (jugular) veins distinct. Umbilical veins; posterior cardinal veins distinct. Two dorsal aortae fuse into one at about middle of trunk. Well caudad, again two dorsal aortae. Allantoic arteries distinct, quite large. (Beginning of septum transversum.)	Same as No. 623, Table 8.	Apparently very slight evidences of fore and hind limb buds; merely small swellings of body wall.	Amnion closed.	Entodermal allantoic outgrowth. Anal membrane and allantoic mesoderm ventral.	9.
Vitelline veins on each side of embryonic intestine in region of yolk stalk. Umbilical veins open into vitelline, on respective sides. Short ducts of CUVIER. Sinus venosus. Auricular region of heart expanded but without division. Ventricular wall thicker than auricular. Heart bent S-shaped. First, second and third aortic arches; the second, large vessels. Dorsal and ventral carotids distinct? Jugular veins large. Posterior cardinal veins quite large. Two dorsal aortae fused in region of fore limbs; again double in caudal part of body. Two large umbilical arteries.	Same.	Very small swellings of body wall indicating fore and hind limb buds.		Projecting entodermal allantoic diverticulum.	10.
Vitelline veins enter embryo along yolk stalk. Short ducts of CUVIER. Regions of right and left auricles of heart indicated, but no internal division. Beginning trabeculae in ventricular wall of heart. The two first connecting aortic arches have disappeared. Ventral carotids. Dorsal (internal) carotids quite large. Second, third and fourth aortic arches; the latter two pairs small. Jugular vein, quite large, passes internal to 5 ganglion, external to 7 and 8 ganglion. Two dorsal aortae fused a little cephalad of fore limbs; again divided in region of hind limbs. Right umbilical vein a little larger than left, both large vessels; they communicate in umbilical cord.	Same.	Fore limb buds distinct as small projections from body wall. Hind limb buds the same, except apparently a little smaller than fore limbs.		Entodermal allantoic diverticulum.	11.
A connection between vitelline veins dorsal to intestine; another ventral to intestine. Vitelline veins pass through liver, in which they communicate and are broken up. Umbilical veins open into vitelline in liver. Short ducts of CUVIER opening into sinus venosus. Small beginning septum primum in auricles of heart. Distinct truncus arteriosus. Second connecting aortic arch complete, though divided into small vessels. Third, fourth and fifth aortic arches. Right and left pulmonary arteries very small. Dorsal aortae fused in region of pulmonary anlage; single dorsal aorta to a point just caudad of hind limbs. Left umbilical vein larger than right.	Same.	Fore limb buds make more distinct projections of vascular, somewhat condensed mesoderm. Hind limbs about the same.		Allantoic stalk near cloacal region very narrow.	12.
Left vitelline artery. A large single vein with irregular course, derived from vitellines. Umbilical veins enter liver. Right duct of CUVIER opens into sinus venosus. Left duct present. Auriculo-ventricular canal small, undivided. Truncus arteriosus undivided. Pulmonary arteries small. Third, fourth and fifth aortic arches; the fourth arches large. The second connecting aortic arches have disappeared as distinct vessels. Two aortae fused in region of pulmonary anlage. Large umbilical arteries.	Same.	Fore limb buds a little larger, somewhat flattened on end. Hind limbs about the same.		Allantoic stalk near cloaca very narrow.	13.
					14.

Table No.	Designation	Measure	Age	Body Form	Primitive Streak	Primitive Segments
15.	No. 149 Trans. No. 151 Front. No. 150 Sag.	7.0 mm 7.0 mm 6.0 mm	12½ days	Head bend and neck bend nearly right-angled. Caudal end of body bent upward and to right. Trunk between point of neck bend and region of hind limbs bends within a wide obtuse angle.		In heart region, cutis plate and muscle plate of myotome are not very distinct, especially the former. Both are considerably modified. Mesenchyma largely replaces the cutis plate.
16.	No. 152 Trans. No. 465 Front. No. 153 Sag.	8.0 mm 8.8 mm 7.5 mm	13 days	Head bend and neck bend nearly right-angled. Caudal end of body bent upward and a little to the right. Trunk between point of neck bend and region of hind limbs bends within a wide obtuse angle. Brow overhangs pericardial wall.		In region of heart, cutis and muscle plates can not be clearly made out. There are primitive segments in caudal end of body.
17.	No. 498 Trans.	9.5 mm	13 days			
18.	No. 155 Trans. No. 157 Front. No. 156 Sag.	10.0 mm 10.0 mm 10.5 mm	14 days	Head bend and neck bend nearly right-angled. Caudal end of body bent upward nearly in median line. Back nearly straight from a point about half way between fore and hind limbs to the place of neck bend. Head overhangs heart chamber. Tail nearly touches brow.		In region of heart, there is no distinct myotome. There are myotomes in the caudal end of the body.
19.	No. 158 Trans. No. 160 Front. No. 159 Sag.	13.0 mm 12.5 mm 12.0 mm	15 days	Head bend nearly right angled. Neck bend obtuse-angled. Caudal end of body bent up between hind limbs. Back nearly straight from region of neck bend to level of hind limbs. Head overhangs heart chamber. Abdomen as prominent as thorax. Hind limbs nearly in direct line with fore limbs.		Myotomes are still recognizable in caudal end of body.
20.	No. 161 Trans. No. 163 Front. No. 162 Sag.	15.0 mm 15.0 mm 14.5 mm	16 days	Neck bend a wide obtuse angle. Head somewhat elevated. A striking prominence in region of mid-brain. Back straight from region of neck bend to level of hind limbs. Tail projects ventrad in median line. Abdomen more prominent than thorax.		Still a trace of myotomes in caudal end of body.
21.	No. 574 Trans. No. 576 Front. No. 575 Sag.	17.6 mm 17.8 mm 18.8 mm	16½ days	Very similar to condition at 16 days. A striking prominence in region of mid-brain.		
22.	No. 164 Trans. No. 166 Front. No. 165 Sag.	21.0 mm 21.0 mm 22.0 mm	17 days	Angle at vertex (head bend) is obtuse. Neck bend a wide obtuse angle. Head considerably elevated but projects ventrad of body. Back quite straight from region of neck to region of hind limbs. Short tail lies between hind limbs.		
23.	No. 167 Trans. No. 168 Sag. No. 169 Front.	25.0 mm 25.0 mm 25.0 mm	18 days	Essentially the same condition as at 17 days. Head a little more elevated.		
24.	No. 170 Trans. No. 171 Sag. No. 172 Front.	29.0 mm 29.0 mm 29.0 mm	20 days	Body form in essentially similar condition to that at 18 days; the head a little more elevated.		

Notochord. Axial Skeleton. Skull	Brain and Cephalic Nerves	Table No.
<p>Notochord small, circular in cross section. In region of heart and anterior limb buds, small notochordal sheath. Loose mesenchyma around brain. In heart region, slight mesenchymal condensations indicating anlagen of intervertebral ligaments. Notochord, medullary tube and post-anal gut fuse in tip of tail. No connection between notochord and hypophysis; mesenchyma intervenes.</p>	<p>Hemispheres small. Fore-brain, posterior to optic stalks, elongated dorso-ventrally, narrow laterally; thin ventral plate. Anlage of 3rd nerve, a few fibers from ventral region of mid-brain. Motor root of 5th nerve distinct. Maxillary and mandibular divisions of the 5th ganglion; mandibular division in mandibular process. Anlage of abducens nerve from ventral region of hind-brain or medulla oblongata. Distinct motor root of facial nerve, which runs into hyoid arch. Ganglion petrosus of 9th nerve quite large; EHRENNITTER's ganglion small. Ganglion nodosum of 10th nerve larger than jugular ganglion. 10th nerve extends to side of trachea. Ganglionic commissure of 11th nerve. Several roots of 12th nerve. Varolian bend quite large but curves gradually.</p>	15.
<p>Notochord small, circular in cross section, of about the same size throughout. Small hyaline notochordal sheath; around this a slight thickening of mesenchyma. Notochord, medullary tube and remnant of post-anal gut fuse in tip of tail. Mesenchyma around hemispheres of brain. The mesenchymal condensations, anlagen of intervertebral ligaments, extend into tail. Notochord ends, somewhat forked, in mesenchyma posterior to hypophysis.</p>	<p>Mid-brain nearly circular in cross section, large cavity. 3rd nerve distinct. Trochlear nerve, 4th, present, emerging from isthmus. Ophthalmic, maxillary and mandibular divisions of 5th ganglion. In region of 5th ganglion hind-brain much expanded; ventral zones level with each other; mantle layer quite large. 6th nerve distinct. Motor root of 7th nerve distinct. Beginning differentiation of vestibular, cochlear and geniculate ganglia. EHRENNITTER's ganglion and ganglion petrosus of 9th nerve; the latter large and distinct. Ganglion jugulare and nodosum of 10th nerve. 11th nerve with small ganglionic commissure. Ventral roots of 12th nerve.</p>	16.
<p>Cephalic end of notochord, just posterior to hypophysis, has a hook-shaped bend. Hyaline notochordal sheath; around this, a slight mesenchymal thickening. Notochord small, circular in cross section, of about the same size throughout trunk; a little smaller under hind-brain and in tail. Notochord, medullary tube and remnant of post-anal gut fuse in tip of tail. Intervertebral ligament anlagen of condensed mesenchyma, extend into tail. Anlagen of vertebral centra of mesenchyma, less condensed. Anlagen of neural arches and of 12 ribs of condensed mesenchyma. Anlage of occipital and sphenoidal regions of chondrocranium of condensed mesenchyma. MECKEL's cartilage anlage of condensed mesenchyma.</p>	<p>Hemispheres quite large. Foramen of MONRO relatively wide. Anlage of corpus striatum?</p>	17.
<p>Notochord ends just posterior to hypophysis with a hook-shaped bend. Hyaline notochordal sheath. Notochord of about the same size throughout trunk; a little smaller under medulla oblongata and in tip of tail. Notochord blends with medullary tube in tip of tail. In heart region, anlagen of intervertebral ligaments of dense mesenchyma; vertebral centra precartilaginous; neural arches, precartilaginous, extend dorsad nearly to middle of spinal cord; anlagen of ribs, in part precartilaginous, extend ventrad nearly to middle of pericardial chamber. Anlagen of basi-occipital and basi-sphenoidal regions of chondrocranium in part precartilaginous. MECKEL's cartilage anlage precartilaginous.</p>	<p>Olfactory fibers between anterior end of hemisphere (olfactory lobe?) and wall of nasal cavity. Hemispheres quite large, roughly triangular in cross section anterior to foramen of MONRO; quite thick mantle layer ventrally and laterally, where wall is thickest. Anlage of corpus striatum? Foramen of MONRO relatively smaller than at 13 days. Fold of choroid plexus of lateral ventricle contains vascular mesoderm. Small beginning of evagination of epiphysis. 3rd and 4th nerves distinct. Anlage of cerebellum. Vestibular, cochlear and geniculate ganglia differentiated. Anlage of choroid plexus of 4th ventricle. Medulla oblongata clearly indicated. (Ganglionic?) connection between EHRENNITTER's ganglion and ganglion jugulare. Varolian bend deep and rounded.</p>	18.
<p>Notochord ends with a hook-shaped bend in precartilaginous dorsum sellae. Notochord, somewhat irregular, bends to ventral border of precartilaginous basi-occipital region. Here cell nuclei of notochord distinct; hyaline sheath; notochord small. Notochord blends with medullary tube in tip of tail. Centrum of cervical vertebra quite cartilaginous; in it, notochord not visible. Intervertebral ligament of dense mesenchyma; in it, notochord an enlarged cell mass, circular in cross section; cells loosely arranged in center. Neural arches, becoming cartilaginous, extend dorsad about to middle of spinal cord. Rib anlage, quite cartilaginous near vertebra, extends to ventral wall of pericardial chamber; here precartilaginous. Ethmoidal region of chondrocranium of condensed mesenchyma in part precartilaginous. Anlage of membranous skull of thickened mesenchyma. A strip of membrane bone near MECKEL's cartilage.</p>	<p>Distinct olfactory fibers. Corpus striatum extends well anterior in hemisphere. Walls of 3rd ventricle thick (thick mantle layer) in region of foramen of MONRO. Choroid plexus of lateral ventricle quite large, vascular. Foramen of MONRO narrow, slit-like. Anlage of pia mater distinct. 3rd ventricle narrow laterally, long dorso-ventrally. Anlage of epiphysis small. Mid-brain thick ventrally across median line, thick Randschleier; small mantle layer ventrally. Thick cerebellar anlage. Thick mantle layer in ventral zones of medulla oblongata; distinct median raphe. Folds of choroid plexus of 4th ventricle. The two limbs of Varolian bend form nearly a right angle. Floor of fore-brain and Varolian bend nearly approximated, separated only by a narrow strip of mesenchyma.</p>	19.
<p>Notochord ends in cartilaginous dorsum sellae. Notochord runs along ventral border of basi-occipital region of chondrocranium, where it is very small. Notochord blends with medullary tube in tip of tail. In heart region, intervertebral ligament in part precartilaginous; in its center, beginning of nucleus pulposus. Centra of vertebrae cartilaginous; in them notochord not visible. Neural arches cartilaginous; extend dorsad beyond middle of spinal cord. Ribs cartilaginous near vertebrae. Occipital and sphenoidal regions of chondrocranium cartilaginous. Sella turcica indicated in cartilage. Ethmoid region in part precartilaginous. Anlage of membranous skull of thickened mesenchyma. MECKEL's cartilage distinct; near it a strip of membrane bone.</p>	<p>Corpus striatum thick, thick mantle layer. Choroid plexus of lateral ventricle quite large, convoluted. 3rd ventricle narrow laterally. Anlage of epiphysis small; its extremity a little expanded. Cavity of mid-brain large; ventral walls very thick, extending across median line, both mantle layer and Randschleier thick; anlagen of cerebral peduncles. Thick cerebellar anlage. Anlage of formatio reticularis of medulla. Choroid plexus of 4th ventricle. Mid-brain overhangs cerebellar anlage. Cortical layer of hemispheres of cerebrum distinct.</p>	20.
<p>Cephalic end of notochord, irregular, still distinct in cartilage of sphenoidal region caudad of pituitary fossa. Notochord blends with medullary tube in tip of tail, where cells of notochord are enlarged, vesicular. In cervical region, intervertebral ligament in part cartilaginous; in it large nucleus pulposus indicated. Centra of vertebrae cartilaginous; in them notochord not visible. Neural arches cartilaginous; extend dorsad to dorsal border of spinal cord or near it. Ribs cartilaginous: upper ribs join precartilaginous anlage of sternum. Ethmoid region in part cartilaginous. JACOBSON's cartilages present; not much chondrified. A little membrane bone of skull, near periotic capsule. A little membrane bone in maxilla.</p>	<p>Anlage of hippocampus major. Choroid plexus of lateral ventricle well developed. Corpus striatum large, joins thick thalamic region ventral to foramen of MONRO. Very small beginning of choroid plexus of 3rd ventricle. A thick bundle of fibers passes from thalamic region into corpus striatum; a condition evident in younger embryos. Epiphysis quite large, much folded. Anlage of posterior commissure? distinct just posterior to epiphysis. Well marked cerebral peduncles. Thick cerebellar anlage. Mid-brain overhangs cerebellum. Walls of medulla thick.</p>	21.
<p>Cephalic end of notochord in dorsum sellae still distinct. Remnant of notochord bends along ventral border of occipital region of chondrocranium. Notochord blends with medullary tube in tip of tail; here notochord cells are enlarged, vesicular. Beginning ossification along rib cartilage. Upper ribs join cartilaginous anlage of sternum. Cartilaginous neural arches reach approximately to dorsal border of spinal cord. JACOBSON's cartilages distinct. Membrane bone of skull lateral to hemispheres. Considerable membrane bone in maxilla and mandible. MECKEL's cartilage distinct. Mesenchymal thickening dorsal to mid-brain region.</p>	<p>Hippocampus major quite large. Epiphysis much convoluted. Thick posterior commissure? Mid-brain completely overhangs cerebellar anlage, which is thick. Choroid plexus of 4th ventricle thickly developed. Distinct anlage of formatio reticularis of medulla. Cortical layer of cerebral hemispheres well developed.</p>	22.
<p>Cephalic end of notochord distinct in cartilaginous dorsum sellae, irregular in its course. Cell structure of notochord still perfectly distinct in this place. Remnant of notochord still recognizable along ventral edge of occipital region of chondrocranium. Notochord blends with medullary tube in tip of tail; here notochord cells somewhat enlarged, vesicular. In heart region, intervertebral ligament cartilaginous; distinct nucleus pulposus. No ossification in vertebral centra. Cartilaginous neural arches extend dorsad of spinal cord but are separated by an interval of some width. Transverse processes well marked. Distinct ossification along rib cartilages, which join cartilaginous sternum. Chondrocranium true cartilage. A suggestion of beginning ossification in median part of occipital region. Considerable membrane bone of skull lateral to hemispheres and a little dorsal to them. Membrane bone of skull extends dorso-lateral to mid-brain. Considerable membrane bone in mandible about MECKEL's cartilage, which is distinct. Membrane bone in maxilla. Some membrane bone under mesethmoid cartilage; anlage of vomer?</p>	<p>Hippocampus major prominent. Choroid plexus of 3rd ventricle distinct. Epiphysis longer than at 17 days; extends a little caudad and dorsad, caudal end convoluted, tubular. Thick cerebellar anlage. Varolian bend a right angle.</p>	23.
	<p>Distinct choroid plexus of 3rd ventricle; that of lateral ventricle large. Epiphysis quite large, much convoluted, tubular. Cerebral peduncles very thick. Thick cerebellar anlage. Anlage of formatio reticularis in medulla.</p>	24.

Table No.	Age	Spinal Cord. Spinal Nerves. Sympathetic	Eye
15.	12½ days	In region of heart, mantle layer of ventral zones of spinal cord quite prominent: spinal nerve extends to level of dorsal border of dorsal aorta. Anlage of sympathetic chain? a little cluster of darkly stained cells dorsad of dorsal aorta, on each side of embryo. Spinal nerve extends to root of anterior limb bud. Spinal nerve, rather indistinct, extends to root of posterior limb bud. In this region mantle layer of ventral zones is very small; dorsal ganglia are small. Spinal nerves not formed caudad of posterior limb buds. Dorsal ganglia rather indistinct in caudal region.	Lentic vesicle completely closed; its inner wall distinctly thicker than outer, which is closely applied to external ectoderm. Secondary optic cup clearly formed. Retinal anlage distinctly thicker than anlage of pigment layer. Cavity of primary optic vesicle very small. Distinct retinal pigment, though small in amount. Choroid fissure distinct in optic stalk, near optic cup. No fissure in optic stalk near brain. Optic stalk hollow.
16.	13 days		Cavity of lentic vesicle small; its inner wall much thickened; cells of this wall elongated. Small amount of mesenchyma between lentic vesicle and external ectoderm. Walls of secondary optic cup closed ventrally. Distinct choroid fissure in optic stalk near optic cup. Cavity of optic stalk much smaller than at 12½ days. Prolongation of optic stalk, with blood vessel, arteria centralis retinae, included, through cavity of primary optic vesicle, now very small. Distinct retinal pigment. A little vascular tissue between lens and retinal anlage.
17.	13 days	In cervical region, spinal cord has long central cavity, quite large mantle layer ventrally, distinct roof and floor plates; spinal nerve has small dorsal ramus. Sympathetic chain anlage in cervical region. Spinal nerve extends into anterior limb bud, where it branches. Spinal nerve extends into posterior limb bud.	Cavity of lentic vesicle nearly obliterated by thickening of its inner wall. In this embryo, no retinal pigment.
18.	14 days	In cervical region, mantle layer of spinal cord large, mostly in ventral zone; narrow cavity; small oval bundle; Randschleier thicker ventrally; small dorsal ramus of spinal nerve; distinct anlage of sympathetic chain. In region of posterior part of heart, ramus communicans from spinal nerve to sympathetic chain; spinal cord in essentially the same condition as in cervical region. Spinal ganglia are level with ventral region of spinal cord. A trace of sympathetic chain anlage in region of posterior limbs. Small dorsal ganglia and small spinal nerves in caudal region.	Cavity of lentic vesicle nearly obliterated by thickening of its inner wall, whose cells are elongated. A little mesenchyma between lentic vesicle and external ectoderm. Secondary optic cup completely closed ventrally. Distinct retinal pigment. Retinal anlage close to pigment layer. Optic stalk quite long but small in cross section, with small cavity. A little vascular tissue between lens and retina.
19.	15 days	In cervical region, spinal cord has distinct roof and floor plates; narrow cavity, elongated dorso-ventrally; large mantle layer extending dorsally. Ventral zones slightly protuberant. Randschleier thicker ventrally. Sympathetic chain with fibers. In heart region, spinal cord in essentially same condition as in cervical region. Ramus communicans from spinal nerve to sympathetic chain. Distinct anlage of pia mater. In tip of tail, spinal cord merely an epithelial tube oval in cross section.	Lens, large, fills mouth of optic cup. Fibers of lens distinct. Retinal anlage quite thick. Dark retinal pigment. Optic stalk quite long, of small cross section; cavity of stalk partly obliterated. A trace of fibers in stalk. Space between lens and retina, the future chamber of vitreous humor, small; contains vascular tissue. Anlagen of some ocular muscles. Anlagen of lids.
20.	16 days	Spinal cord in a condition very similar to that of 15-day embryos. Ramus communicans from spinal nerve to sympathetic chain in region of posterior limbs.	A layer of mesoderm between lens and external ectoderm. Lens for the most part inside optic cup. Lens fibers conspicuous. Retinal anlage at margin of optic cup thin. Optic stalk solid; contains numerous fibers. Beginning of optic commissure. Anlagen of ocular muscles. Anlagen of eyelids. Lachrymal duct anlage? solid.
21.	16½ days	In cervical region, dorsal zones have begun to grow together dorsally; central canal shorter than at 16 days. Ventral horns quite prominent; also dorsal horns, but less so than ventral; small ventral fissure. In region of anterior limbs and of stomach, also of posterior limbs, spinal cord in essentially the same condition as in cervical region.	Quite thick mesoderm between lens and external epithelium. Lens fills mouth of optic cup. External wall of lens a thin epithelium. Retinal anlage thin at margin of optic cup. Distinct retinal pigment. Optic stalk (nerve) quite large, mostly fibers. Numerous fine fibers in anlage of vitreous humor. Distinct hyaloid artery running to inner surface of lens. Optic commissure more distinct. Lachrymal duct anlage? solid. Eyelids small. Distinct ocular muscle anlagen.
22.	17 days	In cervical region, central canal of spinal cord still quite long; ventral horns more prominent than at 16½ days; ventral fissure deeper. Toward tip of tail, spinal cord merely an epithelial tube oval in cross section.	Anlage of vitreous humor quite vascular. Distinct non-nucleated zone in retina next to anlage of vitreous. Optic nerve quite large, mostly fibers. At point of entrance of optic nerve into eye, hyaloid artery is enclosed in nerve. Optic commissure more distinct than at 16½ days. Lachrymal duct anlage solid.
23.	18 days	In cervical region, central canal of spinal cord smaller than at 17 days, dorsal zones have grown together more; dorsal and ventral horns quite prominent; ventral fissure quite deep. In region of heart, spinal cord a little more slender than in cervical region. In region of lower border of stomach, spinal cord broader than in heart region.	Large lens fills mouth of optic cup. Distinct lens epithelium. Lens fibers more, nuclei less conspicuous than in younger embryos. Anlage of vitreous mostly fine fibers with a few blood vessels. Optic commissure well marked. Hyaloid artery enclosed in optic nerve at point of entrance of latter into eye; the artery leaves the nerve just beyond the eye. Lachrymal duct anlage mostly solid. Lids larger than at 17 days.
24.	20 days	In cervical region, central canal of spinal cord small, oval in cross section; dorsal zones have grown together greatly; ventral horns broad, prominent; also dorsal horns; ventral fissure small. In region of heart, spinal cord more slender, narrower laterally than in cervical region. In abdominal region, caudad of stomach, spinal cord more square in cross section; hence adult characteristics of cervical, thoracic and lumbar cord. In tail, spinal cord merely an epithelial tube.	Anterior chamber formed, hence anlage of cornea differentiated. Very thin pupillary membrane. Quite abrupt thinning of retina at margin of optic cup indicating ora serrata. Anlage of vitreous humor mostly fine fibers with a few small blood vessels. Distinct fibers running between retina and optic nerve. Hyaloid artery runs to inner surface of lens. Optic commissure and tracts distinct. Dense retinal pigment. Lachrymal duct has in part a cavity. Lids joined together.



Ear	Nose and Mouth	Table No.
Ductus endolymphaticus a little longer than at 11½ days. Otocyst considerably elongated dorso-ventrally.	Nasal pits deeper than at 12 days, more tubular. Anlage of JACOBSON's organ very small, merely a concavity on inner wall of nasal pit. Anteriorly, nasal pits wide open, posteriorly closed by an epithelial membrane.	15.
Otocyst narrow from side to side in dorso-ventral section. Beginning of cochlea, as long narrow ventral prolongation of otocyst. Ridge of external semicircular canal anlage.	Nasal pits deeper than at 12½ days, more extended; their openings narrower. Anlage of JACOBSON's organ deeper.	16.
Ridges of posterior and anterior semicircular canals.	Anlage of JACOBSON's organ more tubular. Posterior portion of nasal cavity bounded toward mouth cavity by solid epithelial bar.	17.
Long narrow ductus endolymphaticus with saccus endolymphaticus indicated. Well marked anlagen of external, posterior and anterior semicircular canals, the latter partly formed. Well marked anlage of cochlea (scala media) extending cephalad, slightly concave dorsally. Beginning differentiation of utricle and saccule.	Anterior nares of noticeably smaller extent than in 13 day embryos. A little caudad of anterior nares, nasal cavities are entirely enclosed in mesoderm. Posterior portions of nasal cavities in part open to mouth cavity, in part closed by a delicate epithelial membrane. JACOBSON's organ a blind tube of some extent.	18.
Small saccus endolymphaticus. Posterior, external and anterior semicircular canals completely formed and tubular. Saccule well marked. Anterior (or ventral) end of cochlea has just begun to turn. Anlage of periotic capsule of slightly condensed mesenchyma.	Anterior nares small: a little caudad of them, nasal cavities completely enclosed in mesoderm. Posteriorly, nasal cavities open to mouth cavity, forming primitive choanae. Mouth cavity narrow. Anlage of submaxillary gland? short evagination of oral epithelium, nearly solid. Short solid anlage of parotid gland at side of mouth.	19.
Saccus endolymphaticus well marked. Narrow ductus endolymphaticus opens into narrow region between utricle and saccule, which are now well formed. Anterior (or ventral) end of cochlea (scala media) turns outward and caudad. Anlage of periotic capsule of condensed mesenchyma.	External nares small, closed by solid epithelial plug. Maxillary processes extend well forward. Nasal cavities open to mouth cavity. Tongue projects up between small palate shelves. Narrow mouth cavity. Solid anlage of submaxillary gland, with small buds, surrounded by condensed mesenchyma. Small solid anlage of parotid gland surrounded by a little condensed mesenchyma. Ducts of both glands solid.	20.
Saccus endolymphaticus quite large. Anterior and external semicircular canals small in cross section. Utricle and saccule well marked. Anterior end of cochlea turned over for some distance. Periotic capsule precartilaginous.	Narrow external nares closed by solid epithelial plug. Palate shelf a little more prominent than at 16 days; tongue projects above it. Anlage of submaxillary gland lobulated, quite solid; its duct solid. Anlage of parotid gland slightly lobulated, quite solid. Two median enamel organs with dental papillae in both upper and lower jaw. These structures are disconnected from the dental ridges? more posterior. Turbinal fold?	21.
Anterior end of cochlea (scala media) makes one complete turn. Anlage of macula acoustica of utricle. An ampulla at both anterior and posterior openings of external semicircular canal into utricle. Narrow canal between saccule and cochlea, canalis reuniens. Periotic capsule precartilaginous.	External nares plugged by epithelium. Two distinct median enamel organs and dental papillae in both upper and lower jaw, germs of median incisors? Two turbinal folds? Submaxillary gland larger than at 16½ days, more lobulated, quite solid. Parotid gland similar. Dental ridges? in upper and lower jaw. Palate shelf larger.	22.
Anterior end of cochlea makes more than one complete turn. Ganglion spirale clearly formed. Anlage of macula acoustica of utricle well marked. Ampulla of common opening into utricle of anterior and posterior semicircular canals. Opening of ductus endolymphaticus into narrow canal between utricle and saccule is very close to canalis reuniens between saccule and cochlea. Periotic capsule nearly cartilaginous.	External nares plugged with epithelium. Two median tooth germs in upper and lower jaw show beginning dentine formation. Palate shelves meet each other below nasal septum. Enamel organ and dental papilla of tooth germ in both upper and lower jaw, apart from those in median line in front.	23.
Cochlea now makes one complete turn and about ¾ of a second. Suggestion of macula acoustica of saccule. Periotic capsule cartilaginous.	External nares plugged with epithelium. Palate shelves fused with nasal septum separating nasal from mouth cavity. Submaxillary gland larger than before, more branching buds, some of which show a minute lumen. WHARTON's duct in part solid. Parotid gland quite extensive; a few tubules show a minute lumen. STENSON's duct shows in part a minute lumen.	24.

Table No.	Age	Hypophysis and Infundibulum	Pharynx. Thyroid. Thymus
15.	12½ days	Infundibular evagination distinct; joined to top of hypophysis, which is slightly concave toward forebrain, a little expanded laterally, with narrow cavity. Hypophysis open to mouth.	Closing membranes of first, second and third gill pouches. Fourth gill pouch does not touch external ectoderm. Small solid median thyroid anlage joined to pharynx by a narrow stalk. Thymus anlage, small narrow tubular prolongations ventrad from 3rd pouch, open to latter. Lateral thyroid anlagen, tubular, small, open to 4th pouch.
16.	13 days	Infundibulum distinct but short; joined to top of hypophysis, which is quite long, open to mouth.	1st gill pouch extends somewhat dorsad; its entoderm joined to ectoderm by short, solid epithelial rod. 2nd gill pouch not distinct. 3rd gill pouch very small; it has a solid epithelial connection with thymus anlage; the latter has a small cavity in part. The two thymus anlagen not connected. 4th gill pouch very small; a solid connection with anlage of lateral thyroid, probably unbroken? Lateral thyroid has a small cavity; does not reach median thyroid. Median thyroid has no connection with pharynx.
17.	13 days	Upper end of hypophysis expanded laterally; cavity narrow.	Small tuberculum impar?
18.	14 days	Infundibulum a little longer than at 13 days, joined to upper end of hypophysis, which extends upward a little on either side of infundibulum. Upper end of hypophysis considerably expanded laterally. Hypophysis now not open to mouth but connected with oral ectoderm by a solid epithelial band.	1st gill pouch narrow; no connection between entoderm and ectoderm. 2nd gill pouch not a distinct structure. 3rd gill pouch not distinct. Thymus anlagen have small cavities; have no connection with entoderm of pharynx; they extend farther caudad than median thyroid, to a point just cephalad of pericardial chamber; they do not meet each other. 4th gill pouch not distinct, a suggestion of primary epithelial connection with lateral thyroid. Lateral thyroid has in part a cavity; it meets the median thyroid, prolonged. The latter branched.
19.	15 days	Infundibulum a little longer than at 14 days, overlies hypophysis more. Hypophysis bent concave toward fore-brain. Solid connecting band of epithelium between hypophysis and oral ectoderm.	1st gill pouch narrow; has no connection with ectoderm; mesoderm intervening. 2nd gill pouch not apparent. 3rd gill pouch not apparent. Thymus anlagen vascularised, show no cavity; they are not joined together; show no connection with pharynx. 4th gill pouch not apparent. No connection between lateral thyroid and pharynx apparent. Lateral thyroids have a minute cavity; they touch the dorso-cephalad prolongations of median thyroid; the latter solid. Anlage of tongue.
20.	16 days	Infundibulum and hypophysis in essentially the same relation as at 15 days. Cavity of hypophysis narrow. Beginning of cords of hypophysis, solid outgrowths from latter. Connection between hypophysis and oral ectoderm still traceable.	Beginning differentiation of tongue muscle. Beginning of tympanic cavity; some expansion of peripheral end of 1st gill pouch. Thymus anlagen, solid, irregular bands of cells, somewhat vascularised; approach each other closely in median line but do not join; their caudal ends lie just cephalad of pericardial chamber; thymus anlagen extend cephalad to level of larynx. Median thyroid an extended mass of bands of cells, irregular in arrangement some showing a lumen; mesenchyma between them. Lateral thyroids show minute lumen; they touch wings of median thyroid.
21.	16½ days	Infundibulum open to brain; overlies hypophysis, which is bent toward fore-brain at an angle. Thick solid cords of hypophysis, very slightly vascularised. Connection between hypophysis and oral ectoderm still traceable.	A little expansion in region of tympanic cavity; mesoderm separates ectoderm of external auditory canal from entoderm of tympanum. The caudal ends of thymus anlagen, just cephalad of pericardial chamber are separated only by a little mesenchyma. Thymus consists of solid bands of cells, irregularly arranged. Median thyroid consists of numerous, irregular bands of cells, many showing a lumen. Lateral thyroids show no cavity; they touch wings of median thyroid. Tip of tongue free. Beginning differentiation of tongue muscle.
22.	17 days	Cords of hypophysis larger than at 16½ days, more vascular. Still a slender connection between hypophysis and oral ectoderm.	Tympanic cavity quite distinct. Caudal end of thymus just cephalad of pericardial chamber. Thymus appears as one body in this region. Thyroid quite extensive; numerous bands of cells, many containing a lumen, with vascular mesenchyma between. Thyroid extends around region of larynx. Lateral thyroids, solid, on dorsal aspect of wings of median thyroid.
23.	18 days	Connecting band between hypophysis and oral ectoderm broken through just above latter; otherwise intact. Pituitary fossa well defined.	Tip of tongue freely projecting inside of edge of mandible. Tongue muscle in process of differentiation. Small median raphe of tongue. Thymus, just cephalad of pericardial chamber, appears as one body; made up of solid bands of cells with vascular mesenchyma between them. Thymus now quite large.
24.	20 days	Still a small connecting band between hypophysis and oral ectoderm. Infundibulum open to 3rd ventricle. Hypophysis much bent, contains a cavity. Two lateral upward prolongations of hypophysis on either side of infundibulum. Cords of hypophysis appear as a vascularised outgrowth of anterior wall of hypophysis, irregular in shape, solid except for contained vessels. Pituitary fossa well marked.	Differentiation of tongue muscle well advanced. Median raphe of tongue. Thymus larger than at 18 days, now quite bulky, but in essentially the same condition. Thyroid large; composed of numerous cords of cells, many showing a small lumen.

Digestive Tract. Liver. Pancreas. Spleen	Respiratory Tract	Table No.
Lesser peritoneal cavity formed; foramen of WINSLOW narrow. Numerous solid liver trabeculae. Division of liver into lobes indicated. Anlage of gall bladder has a minute cavity. Dorsal pancreas mostly a solid cell mass branching irregularly. Ventral pancreas small, solid. Gut loops into umbilical coelom. Very early anlage of coecum? Cloaca small. Anal membrane intact. Post-anal gut distinct with lumen.	Trachea for the most part separated from oesophagus by mesenchyma. Branch from left primary bronchus. Trachea appears continued into right primary bronchus.	15.
Some condensed mesenchyma about epithelium of oesophagus. Liver larger, trabeculae more closely arranged than at 12½ days. Gall bladder apparently quite solid. Stomach larger than before. Dorsal pancreas composed of bands of cells some showing a lumen. Ventral pancreas shows a small lumen. Blind end of ventral pancreas apparently unconnected with dorsal pancreas. Gut loops into umbilical coelom. Cloaca. Anal membrane intact. Post-anal gut has in part disappeared.	Anlage of larynx? Trachea mostly separated from oesophagus by mesenchyma. Epithelium of trachea quite thick; some condensed mesenchyma about it. Anlagen of lungs larger than before; right and left primary bronchi branched.	16.
Early anlage of spleen (?) as slight cell thickening in dorsal mesogastrium. No projection.		17.
Stomach much larger than before; cavity expanded. Liver very large; trabeculae numerous, apparently solid, closely arranged. Foramen of WINSLOW narrow. Gall bladder solid. More than one connection of hepatic cords with ductus choledochus. Ventral pancreas clearly joins ductus choledochus. Ventral pancreas, partly showing a lumen, is connected with tubules of dorsal pancreas. The latter are numerous some showing a lumen. Gut extends well into umbilical coelom. Coecum is long. Rectum partly separated from uro-genital sinus by mesenchyma. Anal membrane closed. No post-anal gut discernible. Early anlage of spleen.	Anlage of larynx (?). Condensed mesenchyma about it and about trachea. More branching from primary bronchi than at 13 days. Considerable mesenchyma in lungs. Indication of division of right lung into lobes. Right lung larger than left. Pleural cavities open to abdominal coelom.	18.
Mesenchyma about oesophagus shows beginning differentiation into mucous and muscular coats. Liver very large; trabeculae closely approximated, apparently solid. Gall bladder solid. Cystic duct has a lumen. Several connections between liver substance and bile duct. Ventral pancreas has lumen, joins ductus choledochus. Many tubules of dorsal pancreas show a distinct lumen. Gut loops in umbilical coelom. Rectum completely separated from urogenital sinus. Anal membrane broken through apparently in a narrow line. Small anlage of spleen, projects slightly from dorsal mesogastrium.	Anlage of larynx more distinct: much condensed mesenchyma about it. Trachea begins at lower part of larynx; at this point trachea is solid. Trachea quite large, with large lumen; condensed mesenchyma about it. Tubules in lungs more numerous than before. Considerable mesenchyma in lungs. Right lung has a small ventral lobe. Left lung lobed. Pleural cavities completely closed cephalad; open to abdominal coelom.	19.
Oesophagus has a thick stratified epithelium, a small lumen; beginning differentiation of mucous and muscular coats clearly indicated. Liver enormous. Gall bladder solid. Cystic duct with distinct lumen. Ductus choledochus with distinct lumen. Large pocket of stomach dorsal to entrance of oesophagus. Numerous tubules of pancreas, many showing a small lumen. Ventral pancreas, connected with ductus choledochus, joins tubules of dorsal pancreas. Beginning differentiation of mucous and muscular coats of small intestine. Rectum in part quite solid completely separated from uro-genital sinus. Anal membrane broken through; anus open. Spleen projects from mesogastrium.	Much condensed mesenchyma about anlage of larynx. Trachea has stratified epithelium; about it condensed mesenchyma, especially ventrally. Lungs larger than before; both are lobed. Right lung has a ventral lobe. Much mesenchyma in lungs. Right and left pleural cavities open into abdominal coelom by minute passages.	20.
Oesophagus in part quite solid; its mucous and muscular coats more distinct than before. No important changes in this embryo as compared with that of 16 days. Spleen makes a small projection from dorsal mesogastrium.	Anlage of larynx has a cavity ventrally and not elsewhere. Anlagen of tracheal cartilages of condensed mesenchyma. Eparterial bronchus in right lung.	21.
Differentiation of muscular coat of oesophagus into circular and longitudinal layers apparently beginning. Differentiation of mucous and muscular coats of stomach indicated. Epithelium of gall bladder vacuolated. Several hepatic ducts open into ductus choledochus; the latter of considerable size. Numerous pancreatic tubules, mostly showing a lumen. Islands of LANGERHANS indicated? Mucous and muscular coats of duodenum distinctly indicated; the muscular coat showing division into circular and longitudinal layers. Many coils of gut in umbilical coelom. Rectum in part quite solid. Anus wide open.	Epiglottis quite large, mesenchymatous. Some laryngeal muscles indicated. Thyroid cartilage; cricoid cartilage. Eparterial bronchus in right lung. Much mesenchyma in lungs. Pleural cavities extend well ventrad; they are completely closed caudad.	22.
Ventral pancreatic duct, a small structure, opens into ductus choledochus and communicates with tubules of pancreas. Embryo not essentially different from that of 17 days.	Anlage of small amount of smooth muscle in dorsal wall of trachea. Muscle coat about larger bronchi indicated.	23.
Anlage of pharyngeal constrictor muscles. Mucous and muscular coats of oesophagus distinct; muscular coat is divided into circular and longitudinal layers. Mucous and muscular coats of stomach distinct. Ventral pancreas joins ductus choledochus and pancreatic tubules. Islands of LANGERHANS distinctly indicated? Mucous and muscular coats of rectum indicated. Cephalic portion of rectum has a cavity. Numerous intestinal coils, now entirely within abdominal coelom. Spleen, with narrow base, projects free from dorsal mesogastrium. Spleen long and slender.	Epiglottis quite long, mesenchymatous. Larynx nearly solid. Some laryngeal muscles distinct. Thyroid and cricoid cartilages distinct. Cartilaginous tracheal rings. Trachea has stratified epithelium. Trachea has no glands. Pre-cartilage about primary bronchi. Considerable mesenchyma in lungs but less proportionally than before. Ventral lobe of right lung.	24.

Table No.	Age	Urogenital System	Heart and Blood Vessels
15.	12 $\frac{1}{2}$ days	A small isolated epithelial tube, well cephalad of Wolffian duct, similar to structure described in 11 $\frac{1}{2}$ -day embryo. Wolffian ridges quite prominent. Wolffian duct on lateral aspect of ridge. Wolffian tubules disappear in region of hind limbs. Cephalad Wolffian duct ends blindly in mesenchyma in region of fore limbs; duct extends a little farther cephalad than tubules. Ureter, longer, opens into Wolffian duct near entrance of latter into cloaca. Wolffian ducts enter cloaca a little anterior to opening of gut into latter, hence beginning of urogenital sinus. Glomeruli of Wolffian body well formed.	Sinus venosus less prominent than before. Left duct of CUVIER appears to run more to right side of heart. Endocardial cushions project into atrio-ventricular canal. Beginning of septum ventriculorum. Trabeculae in walls of ventricles more distinct. Cavity of cephalic part of truncus arteriosus nearly obliterated by growth of walls. Second aortic arches have disappeared. Third aortic arches join dorsal carotids. Dorsal aortic trunks between 3rd and 4th aortic arches, especially near 3rd arches, very small. 4th and 5th pairs of aortic arches. Small pulmonary arteries. Left umbilical vein larger than right. Single vitelline vein.
16.	13 days		Opening of sinus venosus into right auricle has a valve. Left duct of CUVIER opens on right side into sinus, which is small. Auricles divided by a septum but not throughout. Interventricular septum well advanced. Interventricular foramen. Truncus arteriosus in part divided into pulmonary and systemic aortae. 5th aortic arches still complete; right smaller than left, however. Pulmonary arteries come from their respective pulmonary arches. 4th aortic arches large vessels, left a little larger than right. Dorsal aortic trunks between 3rd and 4th aortic arches nearly obliterated. Vertebral and basilar arteries. Two dorsal aortae fuse a little caudad of larynx. Left umbilical vein very large.
17.	13 days	Wolffian ridges very prominent. Epithelium in different parts of Wolffian tubule of different character. Ureter much longer, branched at end into two parts. Condensed mesoderm around ends. Urogenital sinus of larger extent than at 12 $\frac{1}{2}$ days. Genital ridges small. A few primitive sex cells present. Small genital tubercle.	
18.	14 days	Cephalic end of Wolffian body in region of liver, caudad of fore limbs. Wolffian bodies prominent; they do not extend to region of hind limbs. Ureter opens into Wolffian duct just before entrance of latter into urogenital sinus. Beginning of tubules in renal anlage surrounded by condensed mesoderm. Genital tubercle quite prominent. Urogenital sinus expanded along anal aspect of genital tubercle closed by epithelium. Epithelium connects urogenital sinus and rectum. Small suprarenal anlage? Genital gland anlage. A few primitive sex cells present.	Septum between auricles of heart, with narrow opening dorsally; foramen ovale? Auriculo-ventricular canal divided into two parts. Narrow interventricular foramen. Dorsal aortic trunks between 3rd and 4th aortic arches nearly obliterated. 4th aortic arches connected with systemic aortic trunk alone (as in 13-day embryo). Pulmonary and systemic aortae separated. Left pulmonary arch large (ductus Botalli). Right pulmonary connecting arch nearly gone. Right pulmonary artery now appears as a branch of left pulmonary arch. Right and left pulmonary veins. Right umbilical vein, very small, connected with left in ventral abdominal wall; the former vessel enters liver. Large vein of liver appearing as continuation of left umbilical (ductus venosus).
19.	15 days	Müllerian ducts present; lie on coelomic side of Wolffian ducts; extend only a short distance; open into coelom in cephalic part of Wolffian body. Cephalad Wolffian duct ends blindly close to Müllerian duct. Ureter springs from lateral side of Wolffian duct just before latter enters urogenital sinus. Renal anlage contains tubules, is somewhat circular in cross section; its cephalic end dorsal to stomach region. Thick collection of cells near cephalic end of Wolffian body, well cephalad of renal anlage, is suprarenal anlage? Genital gland distinct. Urogenital sinus separated from rectum.	Tricuspid and mitral valves indicated. Opening between auricles dorsally (foramen ovale?). 4th right aortic arch (brachio-cephalic). 4th left aortic arch large. Ductus Botalli large. Right pulmonary artery appears as branch of left 5th arch, coming off alongside of left pulmonary artery. Right dorsal aortic trunk below region of right 5th aortic arch has in the main disappeared; hence in this embryo a single true dorsal aorta (adult aortic arch). No longer any connection between right pulmonic arch (artery) and right dorsal aortic trunk (right subclavian artery). Dorsal aortic trunks between 3rd and 4th aortic arches in the main gone. Pulmonary and systemic aortae separated as far as junction with ventricles; here not yet completely so. Right umbilical vein now does not enter liver.
20.	16 days	Müllerian ducts open into coelom on median and dorsal aspect of cephalic end of Wolffian body. Wolffian ducts form prominent ridges in posterior part of coelom. Ureters open into urogenital sinus a little above openings of Wolffian ducts. Regions of bladder and urethra indicated in urogenital sinus. Numerous tubules in kidney, especially in its periphery. Well marked suprarenal anlage. Sexual gland prominent, differentiated as testis (?).	Semilunar valves of systemic and pulmonary aortae clearly indicated. Pulmonary aorta now communicates with right ventricle in the main, but still a small channel between systemic aorta and right ventricle. Apparently now no connection of right umbilical vein with left and no distinct right umbilical vein. In auricle of heart, many nucleated blood corpuscles; many non nucleated blood globules.
21.	16 $\frac{1}{2}$ days	Müllerian ducts extend toward caudal ends of Wolffian bodies. Ureters open into urogenital sinus (bladder) some distance above openings of Wolffian ducts into same (or urethra). Wolffian ducts lie in beginning of genital cord. Ureters cross to outer side of Wolffian ducts to get dorsal to latter. Kidney larger in cross section than Wolffian body; very early beginning formation of BOWMAN's capsule and glomerulus in kidney. Sexual cords in sexual gland; differentiated as testis (?).	Systemic aorta now communicates solely with left ventricle; pulmonary aorta solely with right. Right and left ventricles completely separated. In auricle of heart, many non-nucleated blood globules, in larger proportion than before; also many nucleated blood corpuscles.
22.	17 days	Müllerian ducts extend toward caudal ends of Wolffian bodies, ending in ridges of Wolffian ducts, where they lie on median side of latter. Pelvis of kidney beginning to be differentiated. Glomeruli and BOWMAN's capsules still small. Well marked suprarenal anlage. Distinct sexual cords in sexual gland.	Still large numbers of nucleated blood corpuscles.
23.	18 days	Caudal ends of Müllerian ducts in ridges of Wolffian ducts, on median side of latter. The cephalic portion of Müllerian duct lies on external side of Wolffian duct. Glomeruli of kidney more distinct than before. Convolutated tubules beginning to appear in kidney. Differentiation in suprarenal into cortical and medullary regions. Urogenital sinus (vestibule) open in only one or two sections. Sexual gland.	Nucleated blood corpuscles still present but in smaller proportion than before.
24.	20 days	Caudal ends of Müllerian ducts fused, with a single cavity, in genital cord, between Wolffian ducts. Numerous glomeruli, convolutated tubules in kidney. Cortical and medullary regions clearly differentiated in suprarenal. Wolffian body still larger than genital gland. The latter has a rather slender attachment to Wolffian body. Genital gland has numerous sexual cords, containing many primitive sex cells.	Non-nucleated blood globules in preponderance but nucleated corpuscles easily observable.



Integument	Extremities	Amnion	Allantois	Table No.
Same.	About the same condition as at 11 $\frac{1}{2}$ days.		Allantois a little expanded a little above entrance of Wolffian ducts into cloaca.	15.
Ectoderm apparently two-layered. Beginning of milk line; a slight thickening and ridge of ectoderm.	Fore limb more advanced; in section a distal thinner and a proximal thicker portion. Limb bud still composed of condensed mesenchyma. Spinal nerve in limb. Hind limb about same as fore.		Urogenital sinus now becoming differentiated.	16.
			Allantois stalk in ventral abdominal wall small.	17.
Ectoderm apparently two-layered. Separated (?) mammary gland anlagen; small ectodermal thickenings projecting from surface.	A proximal thicker part of fore limb, a distal narrower part. Proximal part contains areas of pre-cartilage. Hind limbs essentially the same.		Urogenital sinus almost completely separated from rectum; only a solid epithelial connection. Allantois stalk in ventral abdominal wall very small.	18.
In snout, hair anlagen; short inward projections of ectoderm. Anlage of hair papilla underneath, a thickening of mesoderm. Ectoderm probably two-layered? Separate mammary anlagen.	In fore limb, cartilaginous anlagen of humerus, radius and ulna; the two latter rather semi-cartilaginous. In hind limb, anlagen of femur, tibia and fibula, rather pre-cartilaginous.		Allantois at point of entrance into umbilical cord very small.	19.
Hair anlagen in snout about same as at 15 days. Mammary anlagen a little larger; do not project. Ectoderm perhaps two-layered?	Scapula marked out in cartilage. Cartilaginous humerus, radius and ulna. Muscle anlagen about them. Cartilaginous os innominatum, femur, tibia and fibula. Muscle anlagen about them.		Beginning of bladder and urethra indicated. Just below umbilicus, allantois very small.	20.
In snout, hair anlagen larger than at 16 days. Hair papilla more distinct. Beginning of hair bulb. Mammary anlagen about same as at 16 days. Ectoderm perhaps more than two-layered?	No important differences from 16-day embryo.		Expanded allantois (bladder) reaches to lower level of umbilicus. Allantois at umbilicus, passing into umbilical cord, very narrow. Allantoic arteries and allantois, imbedded in mesenchyma, project strikingly into coelom from ventral abdominal wall.	21.
Mammary anlagen small, solid ectodermal growths into the mesenchyma.	Appendicular skeleton cartilaginous.		Allantois entering umbilical cord extremely small. Bladder has more than one layer of epithelium.	22.
In snout, hair anlagen a little larger: hair bulbs and papillae a little more distinct than before. No projection from surface.	Beginning ossification in shaft of humerus, and, very slightly, in shaft of femur. Suggestion of beginning ossification in shafts of radius and ulna.		Narrow allantoic stalk, hollow, from bladder to umbilicus. Allantois entering umbilical cord very narrow.	23.
In snout hair anlagen about same as at 18 days. Small hair anlagen on dorsum, sides and belly of body. Mammary anlagen solid; only a little larger than before. Ectoderm probably more than two-layered.	Ossification in scapula, in shafts of humerus, radius and ulna. Quite extensive ossification in shaft of femur. Slight ossification in os innominatum and in shaft of tibia. Suggestion of beginning ossification in shaft of fibula.		Like condition at 18 days. Bladder epithelium with underlying mesoderm much folded.	24.

## Literature.

Blood	Ganglia	Larynx	Pharynx and Gill Clefts
Blood Vessels	General Works	Limbs	Placenta
Bone Marrow	Genital Gland	Liver	Salivaries
Brain	Genitalia	Lungs and Trachea	Skeleton, axial
Breeding	Genitalia, female	Lymphatics	Spermatozoa including Spermato-
Central Nervous System	Genitalia, male	Mammary Gland	genesis
Coelom	Germ layers including Primitive	Mouth	Spleen
Connective and Supporting Tissue,	Streak	Muscles, smooth	Spinal Cord
including Synovial Membrane	Gestation	Muscles, skeletal and striated	Suprarenal
Cytology	Habits	Nerves	Sympathetic
Diaphragm	Hair	Nerve Cells	Systematic Works
Ear	Head	Neuroglia	Tail
Embryonic Appendages, including	Heart	Nose	Taste
Allantois, Amnion, Chorion,	Heredity	Notochord	Teeth
Umbilical Cord, Yolk Sack	Hypophysis	Ovum including Oögenesis	Text Books
Epiphysis	Implantation	Palaeontology	Thymus and Tonsil
Excretory Organs	Impregnation and Segmentation	Pancreas	Thyroid
Eye and Optic Nerve including	Integument	Pericardium, Peritoneum and	Tongue
Tear Gland	Intestine	Pleura	

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(including allantois, amnion, chorion, umbilical cord, yolk sack).

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 Erdély, A.: lymphatics.  
 Erdély, A., and Asher, L.: lymphatics.  
 Erp Taalman Kip, M. van: genitalia, female.  
 Eschweiler, R.: ear.  
 Eversbusch, O.: eye.  
 Exner, S.: larynx.
- F.**
- Falchi, F.: eye.  
 Falcone, C.: connective tissue; salivaries.  
 Farrar, W.: teeth.  
 Fatio, V.: systematic.  
 Favaro, G.: mouth; muscles, skeletal.  
 Félicine, L.: suprarenal.  
 Felix, W.: liver; pancreas; muscles, skeletal.  
 Ferrari, T.: genitalia, female.  
 Filhol, H.: palaeontology.  
 Fiori, P.: genitalia, female.  
 Fischelis, P.: thyroid; thymus.  
 Fiserius, E.: general.  
 Fitzinger, L.: systematic.  
 Flechsig, P.: brain.  
 Fleischmann, A.: placenta; intestine; systematic; germ layers.  
 Fleming, R.: nerves.  
 Flemming, W.: connective tissue; cytology; ovum; excretory.  
 Fletcher, W.: nerves; muscles, smooth.  
 Flower, W.: general.  
 Foà, P.: blood; bone marrow; cytology.  
 Foulis, J.: genital gland.  
 François, P.: blood vessels.  
 Fraenkel, L.: genitalia, female.  
 Frankl, O.: genital gland.  
 Frankl-Hochwart, L. v.: brain.  
 Fraser, A.: skeleton; germ layers.  
 Freiberg, H.: blood.  
 Freuler, J.: systematic.  
 Freund, P.: teeth.  
 Fridenberg, P.: eye.  
 Frommel, R.: placenta.  
 Froriep, A., and Beck, W.: nerves.  
 Fuchs, H.: blood; nerve cells; genitalia, male.  
 Fuchs-Wolfring, S.: larynx.  
 Fuhrmann, F.: suprarenal.  
 Fumagalli, A.: eye.  
 Fusari, R.: spleen; nerves; suprarenal.
- G.**
- Gad, J.: spinal cord.  
 Gage, S.: muscles, skeletal.  
 Galeotti, G.: brain.  
 Galli-Valerio, B.: genitalia, female.  
 Ganfini, C.: genital gland.  
 Garbini, A.: intestine.  
 Gardner, M.: connective tissue.  
 Garnault, P.: nose.  
 Garnier, C.: cytology; salivaries.  
 Gasser, E.: genitalia, female; embryonic appendages.  
 Gastel, L.: genital gland.  
 Gaule, J.: ganglia; nerves.  
 Gayot, E.: general.  
 Geerard, N.: brain.  
 Gegenbaur, C.: limbs; larynx.  
 Gehuchten, A. Van: central nervous system; nose; hair; nerves, integument.
- Gehuchten, A. Van, and Martin, J.: brain.  
 Gehuchten, A. Van, and Nelis, C.: ganglia.  
 Gentes, L.: genitalia, female; pancreas.  
 Geoffroy-Saint-Hilaire, E.: teeth; systematic.  
 Gerhardt, U.: excretory.  
 Gerlach, L.: ovum.  
 Gerota, D.: nerves.  
 Gessler, H.: muscles, skeletal.  
 Giacomini, C.: intestine.  
 Giannelli, L.: brain.  
 Gibbes, H.: pancreas.  
 Giebel, C.: general; skeleton.  
 Gilbert, T.: skeleton.  
 Gilis, P.: muscles, skeletal.  
 Gill, L.: general.  
 Glas, E.: nose.  
 Gloger, C.: habits.  
 Godet, R.: placenta.  
 Godlewski, E.: muscles, skeletal.  
 Golgi, C.: brain; ganglia; excretory.  
 Goll, H.: general.  
 Golubew, W.: excretory.  
 Gössnitz, W. v.: diaphragm.  
 Goette: general.  
 Gottschau, M.: suprarenal.  
 Goubaux, A.: skeleton.  
 Gradenigo, G.: ear.  
 Grasset, L.: teeth.  
 Grawitz, P.: eye.  
 Grefberg, W.: integument.  
 Groschuff, K.: thyroid.  
 Gross, S.: integument.  
 Grosse, U.: skeleton.  
 Grosser, O.: limbs.  
 Grosskopf, W.: eye.  
 Grote, G.: intestine.  
 Gruber, J.: skeleton.  
 Gruber, W.: muscles, skeletal.  
 Grünhagen, A.: eye; intestine.  
 Grusdew, W.: impregnation.  
 Grynfeldt, E.: eye.  
 Guaita, G. v.: breeding.  
 Guarnieri, G., and Magini, G.: suprarenal.  
 Gudden, H.: nerves.  
 Guieysse, A.: muscles, smooth; suprarenal.  
 Gulland, G.: blood; thymus; tonsil.  
 Gurwitsch, A.: cytology; ovum.
- H.**
- Haack, K.: muscles, skeletal.  
 Haacke, W.: head.  
 Hagen, B.: systematic.  
 Hagen-Torn, O.: connective tissue.  
 Haller, B.: brain; hypophysis.  
 Hamburger, O.: excretory.  
 Hamilton, A.: central nervous system.  
 Hammar, J.: connective tissue tonsil; liver; pancreas.  
 Hammer: nerves.

- Hanke, V.: eye.  
 Hansemann, D.: cytology; genital gland; lungs; habits; skeleton.  
 Hansen, F.: connective tissue.  
 Happe, H.: gestation.  
 Hardiviller, A. d': lungs.  
 Hardy, W., and Westbrook, F.: intestine.  
 Harlan, R.: general.  
 Harrison, J.: blood vessels; excretory.  
 Harting, D.: blood vessels; skeleton.  
 Harvey, R.: nose.  
 Harz, W.: genital gland.  
 Hatat, S.: general; ganglia; neuroglia; nerve cells; nerves.  
 Haycraft, J.: excretory.  
 Heape, W.: ovum; impregnation.  
 Heerfordt, C.: muscles, smooth.  
 Heidenhain, M.: bone marrow; cytology.  
 Heidenhain, R.: intestine.  
 Heimann, E.: ganglia.  
 Heinz, R.: blood; spleen; liver.  
 Held, H.: cytology; lymphatics; neuroglia; nerve cells; ear.  
 Heller, C.: general.  
 Helly, K.: spleen; pancreas.  
 Helme, A.: genitalia, female.  
 Hendrickson, W.: liver.  
 Henneberg, B.: blood vessels; mammary gland; gestation; muscles, smooth.  
 Henneguy, L.: ovum; germ layers.  
 Henocque, A.: breeding.  
 Henry, A.: genitalia, male.  
 Hensel, R.: palaeontology.  
 Hensen, V.: implantation; breeding; general; impregnation.  
 Hermann, F.: genital gland; spermatozoa; taste.  
 Heron-Royer: genitalia, female.  
 Herrick, C., and Judson, C.: brain.  
 Herrick, C., and Tight, W.: central nervous system.  
 Herrmann: general.  
 Hertwig, O.: text books.  
 Hertzler, A.: peritoneum.  
 Herzfeld, P.: nose.  
 Herzog, H.: eye.  
 Hesse, F.: bone marrow.  
 Heymans, J., and Demoor, L.: heart.  
 Hilgendorf, F.: teeth.  
 Hiltner, L.: eye.  
 Hirsch, C.: eye.  
 Hirschfeld, H.: blood; bone marrow.  
 His, W.: spinal cord; general.  
 Hochstetter, F.: blood vessels; nose; excretory.  
 Hoffmann, C.: gill clefts; embryonic appendages.  
 Hoffmann, F.: eye.  
 Hofmann, M.: blood vessels; muscles, skeletal.  
 Hoggan, G. and F.: lymphatics.  
 Hoehl, E.: lymphatics.  
 Holl, M.: ovum.  
 Holländer, L.: teeth.  
 Hollard, H.: placenta.  
 Holmgren, E.: cytology; ganglia; nerve cells.  
 Holtzmann, H.: ganglia.  
 Honegger, J.: brain.  
 Hönigschmied, J.: taste.  
 Honoré, C.: genital gland.  
 Horsford, B.: habits.  
 Howes, G.: skeleton; larynx.  
 Hoyer, H.: spleen; heart.  
 Huber, G.: ganglia; neuroglia; nerves.  
 Huber, G., and de Witt, L.: nerves.  
 Hubrecht, A.: embryonic appendages.  
 Hultgren, E., and Andersson, O.: suprarenal.  
 Hunter, W.: blood vessels.  
 Huxley, T.: skeleton.  
 Hyrtl, J.: blood vessels.
- I.**
- Inaba, M.: suprarenal.  
 Israel, O., and Pappenheim, A.: blood.  
 Iwanoff, E.: breeding.
- J.**
- Janošik, J.: blood; spleen; pancreas; ovum; genital gland.  
 Jelgersma, S.: brain.  
 Jenkinson, J.: placenta; germ layers.  
 Jensen, O.: spermatozoa.  
 Jentink, F.: systematic.  
 Jenyns, L.: teeth.  
 Jessop, W.: eye.  
 Jetze, F.: general.  
 Jobert: nerves; integument.  
 Jolly, J.: blood; bone marrow; cytology.  
 Jones, T. R.: general.  
 Jones, T. W.: ovum; segmentation.  
 Joseph, H.: cytology; ear.  
 Joubin, P.: pancreas.  
 Jungersen, H.: nose.  
 Juschtschenko, A.: sympathetic.
- K.**
- Kahn, R.: hair.  
 Kaiser, O.: spinal cord.  
 Kaiserling, C., and Germer, R.: cytology.  
 Kalischer, O.: nerves.  
 Kamocki, W.: eye.  
 Kandarazki, M.: nerves.  
 Kanellis: liver.  
 Kann, M.: notochord.  
 Kanthack, A., and Hardy, W.: cytology.  
 Kastschenko, N.: gill clefts.  
 Katzenstein, J.: muscles, striated.  
 Keibel, F.: notochord; nose; eye; tail; excretory; germ layers.  
 Kellner, A.: habits.  
 Kempe, H.: genitalia, female.  
 Kent, A.: heart.  
 Kerschner, L.: blood vessels.  
 Keyserling, A., and Blasius, J.: systematic.  
 Kiersnowski, A.: genitalia, female.  
 Killian, G.: tonsil.  
 King, F.: habits.  
 Kirby, E.: muscles, striated.  
 Kishi, I.: nerves; ear.  
 Klaatsch, H.: mammary gland; genital gland; general; taste.  
 Klebs, E.: placenta.  
 Klein, E.: lymphatics; nose; salivaries.  
 Klimoff, J.: brain.  
 Knight, E.: general.  
 Knoll, P.: muscles, striated.  
 Koch, R.: eye.  
 Koganei, J.: eye.  
 Kohlbrugge, J.: nerves.  
 Kohn, A.: thyroid; ganglia; sympathetic.  
 Kohnstamm, O.: spinal cord.  
 Kölliker, A. v.: brain; notochord; general; text books; eye; nerves; germ layers.  
 Kollmann, J.: coelom; spleen; lymphatics; tonsil; excretory; text books.  
 Kolmer, W.: brain.  
 Kolster, R.: nerves.  
 Kopetzky, O. v.: intestine.  
 Kopsch, F.: ganglia.  
 Koranyi, A.: eye.  
 Korolkow, P.: salivaries.  
 Kose, W.: sympathetic.  
 Koslowsky, J.: intestine.  
 Kossmann, R.: implantation; placenta.  
 Kostanecki, K. v.: blood; liver; cytology; muscles, striated.  
 Köster, G., and Tschermak, A.: nerves.  
 Kotzenberg, W.: lungs.  
 Krause, R.: liver; ear.  
 Krause, R., and Philippson, M.: central nervous system; spinal cord.  
 Krause, W.: spermatozoa; general; ganglia.  
 Kraushaar, R.: hypophysis; epiphysis.  
 Kreidl, A.: nerves.  
 Kromayer: integument.  
 Krumbach, T.: teeth.  
 Ksjunin, P.: hair.  
 Kuczyński, A.: intestine.  
 Kunster, J.: muscles, skeletal.  
 Kupffer, C.: germ layers.
- L.**
- Lafite-Dupont, J.: eye.  
 Laguesse, E.: connective tissue.  
 Laguesse, E., and Gontier de la Roche, A.: pancreas.  
 Lahousse, E.: liver; neuroglia; nerve cells.  
 Landauer, A.: excretory; nerves.  
 Landois, H.: teeth.  
 Lange, J.: ovum.  
 Langenbacher, L.: genitalia.  
 Langendorff, O.: ganglia.  
 Langendorff, O., and Laserstein, S.: intestine.  
 Langer, A.: heart.  
 Langley, J.: sympathetic.  
 Langley, J., and Anderson, H.: intestine.  
 Lankester, E.: heart.  
 Lannegrace: nerves.  
 Lataste, F.: genitalia, female; habits; gestation; genitalia; male.  
 Laulanié, F.: placenta.  
 Lavagna: teeth.  
 Leboucq, H.: blood vessels.  
 Ledouble, F.: teeth.  
 Lee, T.: implantation; germ layers.  
 Legal, E.: nose.  
 Legge, F.: blood; central nervous system; intestine.  
 Legros, C., and Magitot, E.: teeth.  
 Lenhossék, M. v.: central nervous system; cytology; spinal cord; nose; genital gland; spermatozoa; taste; ear.  
 Lepkowski, W.: teeth.  
 Lesbre, F.: general; skeleton.  
 Leser, E.: supporting tissue.  
 Letulle, M., and Nattan-Larrier, L.: thymus.  
 Leven, L.: muscles, striated.  
 Levi, G.: blood vessels; genital gland; nerve cells.  
 Lewis, F.: blood; blood vessels.  
 Lewis, T.: spleen; lymphatics.  
 Lewis, W.: brain.  
 Leydig, F.: cytology; ovum; systematic; integument.  
 Leybold, G.: habits.  
 Lichtenstein, H.: mouth; general; systematic.  
 Lieberkühn, N.: notochord; embryonic appendages; germ layers.  
 Lilljeborg, W.: systematic.  
 Limon, M.: ovum; mammary gland; genital gland.  
 Lingnau, A.: muscles, striated.  
 Linser, P.: lungs.  
 Livini, F.: blood vessels; thymus; trachea.  
 Livon, C., and Alezais, H.: general.  
 Loeb, L.: cytology; ovum; integument.  
 Lockwood, C.: diaphragm; genital gland.  
 Lockwood, S.: general.  
 Lode, J.: ovum.  
 Loisel, G.: genital gland.  
 Lor, L.: eye.



- Lord, J.: general.  
 Lotheissen, G.: brain.  
 Lothringer, S.: hypophysis.  
 Loukianow, S.: spermatozoa.  
 Loveland, A.: taste.  
 Löw, O.: impregnation.  
 Löwe, L.: central nervous system; teeth.  
 Loweg, T.: integument.  
 Löwit, M.: blood.  
 Loewenthal, N.: brain; connective tissue; genital gland; eye; salivaries; genitalia, male.  
 Lubosch, W.: nerves.  
 Lubsen, J.: skeleton.  
 Lüderitz, C.: spinal cord.  
 Ludwig, H.: ovum.  
 Lugaro, E.: nerve cells; nerves.  
 Luppino, A.: ear.  
 Lustig, A.: nose.  
 Luxemburg, J.: nerve cells.  
 Lydekker, R.: palaeontology.  
 Lyon, M.: skeleton.
- M.**
- Magitot, E.: teeth.  
 Mahaim, A.: brain.  
 Mahn, R.: teeth.  
 Mailles, C.: habits.  
 Majewski, A.: intestine.  
 Major, C.: palaeontology.  
 Mall, F.: coelom.  
 Mann, G.: brain; nerve cells.  
 Manouélian, Y.: brain.  
 Marburg, O.: brain.  
 Marchand, F.: placenta.  
 Marchesini, R., and Ferrari, F.: muscles, striated; muscles, smooth.  
 Marcy, H.: placenta.  
 Marès, F.: habits.  
 Marinesco, G.: nerve cells.  
 Marshall, A.: text books; nerves.  
 Martin, E.: excretory.  
 Martin, H.: heart.  
 Martin, H., and Moale, W.: text books.  
 Martinotti, C.: brain.  
 Martinotti, C., and Tirelli, V.: ganglia.  
 Masius, J.: central nervous system; placenta.  
 Masquelin, H., and Swaen, A.: placenta.  
 Masslow, G.: blood.  
 Maurel, E.: general; teeth.  
 Maurer, F.: hair; integument.  
 Mauthner, J.: placenta.  
 Maximilian: general.  
 Maximow, A.: blood; placenta.  
 Mayeda, R.: muscles, striated.  
 Mayer, S.: hair; salivaries.  
 Maziarski, S.: thymus.  
 Mazzarelli, G.: intestine.  
 Meek, A.: genitalia, female; muscles, striated.  
 Mehnert, E.: skeleton.  
 Meisels, A.: blood.
- Mercer, W.: mouth.  
 Merkel, F.: connective tissue.  
 Merlin, A.: spermatozoa.  
 Merriam, C.: general.  
 Mertens, F.: thyroid.  
 Mertens, H.: ovum.  
 Meuron, P. de: thyroid; thymus.  
 Meves, F.: spermatozoa.  
 Meyer, N.: general.  
 Meyer, R.: excretory.  
 Meyer, S.: central nervous system.  
 Meyerheim, M.: teeth.  
 Michel: neuroglia.  
 Miessner: eye.  
 Mihalkowics, V. v.: brain; genitalia; excretory; nose; skeleton.  
 Milan, G.: blood.  
 Milian, G.: intestine.  
 Miller, G.: genitalia, female.  
 Minervini, R.: heart.  
 Mingazzani, G.: brain.  
 Minot, C.: blood; blood vessels; placenta; segmentation; text books.  
 Miram, E. v.: ear.  
 Misch, J.: ganglia.  
 Mitsukuri, K.: suprarenal.  
 Mivart, St. G.: general.  
 Miyake, R.: eye.  
 Monakow, C. v.: brain.  
 Mönckeberg, G., and Bethe, A.: nerves.  
 Monti, R.: intestine.  
 Monti, R. and A.: excretory; intestine.  
 Montuoro, F.: genital gland.  
 Moore, J.: skeleton; spermatozoa.  
 Moreau, H.: genitalia, female.  
 Morgenstern, M.: skeleton.  
 Mori, A.: mammary gland.  
 Morin, M.: general.  
 Morpurgo, B.: etiology; muscles, striated.  
 Morpurgo, B., and Tirelli, V.: ganglia.  
 Mosen, R.: blood.  
 Motta-Coco, A.: muscles, striated.  
 Motta-Coco, A., and Distefano, S.: nerves.  
 Motta-Coco, A., and Lombardo, G.: ganglia.  
 Mouret, J.: pancreas.  
 Mudge, G.: skeleton.  
 Mühlmann, M.: nerve cells; suprarenal.  
 Muir, R., and Drummond, W.: bone marrow.  
 Mulder, C.: teeth.  
 Müller, E.: ganglia; neuroglia; salivaries; nerves; intestine.  
 Müller, P.: excretory.  
 Müller, W.: thyroid.  
 Mulon, P.: suprarenal.  
 Münch, K.: muscles, smooth.  
 Munk, H.: brain; thyroid.  
 Münzer, E., and Wiener, H.: brain.  
 Murray, J.: general.  
 Muscatello, G.: peritoneum.
- Myers, B.: brain.  
 Myers-Ward, C.: genitalia, male.
- N.**
- Nagel, H.: teeth.  
 Nagel, W.: excretory.  
 Narath, A.: lungs.  
 Nasse, O.: ovum.  
 Nathusius, W. v.: integument.  
 Nattan-Larrier, L.: liver.  
 Negri, A.: blood.  
 Nehring, A.: breeding; palaeontology; mammary gland; general; teeth; systematic.  
 Nelis, C.: nerve cells.  
 Nemiloff, A.: cytology.  
 Neuhäuser, H.: genital gland.  
 Neumayer, L.: brain.  
 Neuville, H.: blood vessels.  
 Newton, E.: palaeontology.  
 Nicolaides, R.: blood.  
 Nicolas, A.: excretory; intestine; peritoneum.  
 Niemack, J.: ear.  
 Niessing, C.: spermatozoa.  
 Niessing, G.: spermatozoa.  
 Nissen, F.: mammary gland.  
 Noak, T.: general.  
 Nobecourt, and Bizart: peritoneum.  
 Nordquist, O.: general.  
 Notthaft, A. v.: nerves.  
 Nusbaum, J.: placenta.  
 Nusbaum, J., and Markowski, Z.: tongue.  
 Nussbaum, M.: nerves.  
 Nyström, G.: heart.
- O.**
- Ogilby, W.: systematic.  
 Ognéff: intestine.  
 Olmer, D.: brain; nerve cells.  
 Onanoff, J.: gestation.  
 Onodi, A.: sympathetic.  
 Onufrowicz, B.: nerves.  
 Openchowski, T.: nerves.  
 Oppel, A.: tongue; general.  
 Orrù, E.: integument.  
 Osborn, H. F.: brain; palaeontology; general.  
 Osborn, H. L.: general.  
 Otto, M.: thyroid; thymus.  
 Ottolenghi, D.: bone marrow; mammary gland.  
 Oudet, J.: teeth.  
 Owen, R.: general; teeth.  
 Oyama, R.: hair.
- P.**
- Pacanowski, H.: placenta.  
 Pacaut, M.: cytology.  
 Pace, D.: nerves.  
 Paladino, G.: cytology; implantation; ovum; genital gland.  
 Paladino, R.: embryonic appendages.
- Pallas, P.: systematic.  
 Pallin, G.: genitalia, male.  
 Pander, C., and d'Alton, E.: skeleton.  
 Panse, R.: ear.  
 Pansini, S.: diaphragm.  
 Pappenheim, A.: bone marrow.  
 Pardi, F.: blood.  
 Parker, W. K.: general.  
 Parker, W. N.: blood vessels; intestine.  
 Parsons, F.: blood vessels; general; muscles, skeletal; systematic.  
 Paterson, A.: skeleton; limbs; sympathetic.  
 Paton, St.: brain.  
 Paulisch, O.: notochord.  
 Paullini, C.: general.  
 Paulsen, E.: skeleton.  
 Pavlow: brain.  
 Pee, P. van: liver.  
 Penzo, R.: ganglia.  
 Perrin de la Touche, and Dide, M.: nerve cells.  
 Peschel, M.: nerves.  
 Peter, K.: mouth; nose.  
 Peters, A.: eye.  
 Peters, W.: general; systematic.  
 Peters, W., and Doria, G.: general.  
 Petersen, O.: liver.  
 Pettit, A., and Girard, J.: brain.  
 Pewsner-Neufeld, R.: spinal cord.  
 Philip, R.: trachea.  
 Philippi, R.: systematic.  
 Pianese, G.: pericardium.  
 Pick, A.: eye.  
 Piersol, G.: gill clefts.  
 Pilliet, A.: intestine.  
 Pinto, C.: spleen.  
 Pitzorno, M.: blood vessels; spinal cord.  
 Plato, J.: genitalia; genital gland.  
 Ploschko, A.: lungs.  
 Podwyszożki, W.: mouth; liver.  
 Pohl, J.: general.  
 Poljakoff, P.: connective tissue.  
 Poloumordwinoff, O.: muscles, striated.  
 Pomel, A.: palaeontology.  
 Ponti, U.: brain.  
 Pontier-Gérard, G.: spinal cord.  
 Popoff, S.: brain.  
 Post, H.: integument.  
 Pouchet, G.: blood; blood vessels.  
 Pouchet, J., and Chabry, L.: teeth.  
 Pousargues, E. de: genitalia, male.  
 Preiswerk, G.: teeth.  
 Prenant, A.: brain; text books; intestine; sympathetic; ear.
- Q.**
- Quatrefages, A. de: palaeontology; teeth.  
 Querton, L.: blood.  
 Quix, C.: general.

## R.

Rabl, C.: general; head; eye; nerves; germ layers.  
 Rabl, H.: ovum; genital gland.  
 Rachmanow, A.: blood vessels.  
 Radaeli, F.: intestine.  
 Ramón y Cajal, S., brain; eye; nerve cells; intestine.  
 Rankin, J.: general.  
 Ranson, S.: brain.  
 Ranvier, L.: sympathetic; peritoneum; integument; cytology; connective tissue; lymphatics; salivaries; intestine; muscles, striated.  
 Raspail, X.: breeding.  
 Rathke, P.: genitalia, female.  
 Rathke, H.: general.  
 Rauber, A.: germ layers.  
 Raudnitz, R.: connective tissue.  
 Raun, E.: blood vessels; diaphragm; embryonic appendages.  
 Rauther, M.: genitalia.  
 Rawitz, B.: ear.  
 Rebizzi, R.: eye.  
 Regaud, C.: genital gland; lymphatics; spermatozoa; genitalia, male.  
 Reh, L.: integument.  
 Reichert, C.: general; skeleton.  
 Rein, G.: ovum; mammary gland.  
 Reiniger, A.: teeth.  
 Reinke, F.: cytology.  
 Rejssek, J.: implantation; eye.  
 Remak, R.: general.  
 Remy, S.: genitalia, male.  
 Renaut, J.: blood vessels; connective tissue; tail; intestine.  
 Renson, G.: spermatozoa.  
 Réthi, L.: mouth; nerves; muscles, striated.  
 Retterer, E.: blood; intestine; connective tissue; genitalia, female; ovum; genitalia; lymphatics; tonsil; skeleton; gestation; genitalia, male.  
 Retterer, E., and Roger, H.: genitalia, female; excretory.  
 Retzius, G.: bone marrow; brain; spinal cord; ganglia; nerves; ovum; genitalia; spermatozoa; salivaries; hair; eye; ear; taste; neuroglia; liver; muscles, striated.  
 Reuter, K.: intestine.  
 Reuvs, C.: systematic.  
 Rex, H.: liver.  
 Ribbert: mammary gland.  
 Richon, L., and Jeandelize, P.: genitalia.  
 Rickenbacher, O.: ear.  
 Robert, F.: muscles, striated.  
 Robinson, A.: spinal cord; genital gland; lungs; skeleton; eye; nerves; embryonic appendages; segmentation; germ layers.  
 Robinson, B.: peritoneum.  
 Roger, H., and Ghika, C.: thymus.

Roger and Josue: bone marrow.  
 Rogner, V.: brain.  
 Rogowitsch, N.: hypophysis.  
 Rohnstein, R.: blood vessels.  
 Römer, F.: integument.  
 Romiti, G.: genitalia, female; text books; placenta.  
 Röse, C.: heart.  
 Rosenberg, L.: tongue.  
 Rosenfeld, M.: skeleton; muscles, skeletal.  
 Rosenstadt, B.: integument.  
 Roeske, H.: tongue.  
 Rossi, U.: impregnation.  
 Roth: habits.  
 Roth, W.: larynx.  
 Roetter, F.: teeth.  
 Roud, A.: thyroid; thymus; suprarenal.  
 Rouvière, H.: pericardium.  
 Ruffer, A.: intestine.  
 Ruffini, A.: spleen.  
 Rühle, G.: excretory.  
 Rüppell, E.: systematic.  
 Ružička, V.: blood; nerve cells.  
 Ryder, I.: teeth.  
 Ryder, J.: placenta.

## S.

Saar, G. v.: muscles, skeletal.  
 Sabatier, A.: ovum.  
 Sacchetti, G.: genitalia, female.  
 Sacerdotti, C.: supporting tissue.  
 Sacharoff, N.: blood.  
 Sachse, B.: teeth.  
 Saint-Loup, R.: breeding; heredity; teeth; skeleton; germ layers.  
 Saint-Remy, G.: hypophysis; notochord; pharynx.  
 Sala, G.: eye.  
 Sala, L.: nerves; sympathetic.  
 Salvi, G.: brain.  
 Salvioli, L.: genitalia, female; intestine.  
 Salzer, H.: blood vessels.  
 Sanfelice, F.: cytology; genital gland.  
 Sanson, A.: general.  
 Sarbo, A.: spinal cord.  
 Sass, A. v.: spinal cord.  
 Sauer, H.: excretory.  
 Saxer, F.: lymphatics.  
 Scarpatetti, J. v.: bone marrow.  
 Schaap, P.: genitalia, male.  
 Schacht, H.: general.  
 Schäfer, E.: general; liver.  
 Schäff, E.: systematic.  
 Schaffer, J.: thymus; muscles, striated; muscles, smooth.  
 Schaffer, K.: brain; spinal cord.  
 Schaper, A.: eye.  
 Schenk: central nervous system; text books; muscles, skeletal; impregnation.  
 Schenk and Birdsall, W.: sympathetic.

Schickele, G.: mammary gland.  
 Schlater, G.: liver.  
 Schlosser, M.: palaeontology.  
 Schmaus, H., and Albrecht, E.: liver.  
 Schmidt, F.: general.  
 Schmidt, M.: blood.  
 Schmidt, V.: heart.  
 Schönmann, A.: ear.  
 Schoenfeld, H.: implantation.  
 Schöppler, H.: blood vessels.  
 Schottländer, J.: genital gland.  
 Schreber, J. v.: general.  
 Schreiner, K.: excretory.  
 Schulin, K.: genital gland.  
 Schultz, A.: general.  
 Schultze, O.: mammary gland; eye; text books.  
 Schulze, W.: pancreas.  
 Schumann, A.: skeleton.  
 Schuster, H.: skeleton.  
 Schwalbe, G.: excretory; ear.  
 Schwartz, S.: heart.  
 Schwink, F.: skeleton.  
 Slavunos, G.: spinal cord; intestine.  
 Scott, W.: palaeontology.  
 Scott, W., and Osborn, H. F.: palaeontology.  
 Scully, J.: general.  
 Segall, B.: nerves.  
 Sehlen, v.: ovum.  
 Seidenmann, M.: cytology.  
 Selenka, E.: mouth; germ layers.  
 Sélys-Longchamps, M. de: general.  
 Sertoli, E.: spermatozoa.  
 Severin: mouth.  
 Seydel, O.: nose; muscles, skeletal.  
 Sherrington, C.: nerves.  
 Shufeldt, R.: skeleton.  
 Sieveking, H.: supporting tissue.  
 Simanowsky, N.: larynx.  
 Simon, C.: thyroid.  
 Singer, J., and Münzer, E.: eye.  
 Sisto and Morandi: lymphatics.  
 Skrobansky, K. v.: ovum.  
 Slonaker, J.: blood vessels.  
 Smirnow, A.: brain; heart; excretory.  
 Smith, W.: blood vessels.  
 Sobotta, J.: genitalia, female; implantation; ovum; genital gland; germ layers; impregnation.  
 Solger, B.: cytology.  
 Solger, H.: blood vessels.  
 Soulié, A.: pleura; suprarenal; genitalia, male.  
 Soulié, A., and Verdun, P.: thyroid; thymus.  
 Souza, A. de: skeleton.  
 Spampani, G.: Eye.  
 Spee, F. v.: genitalia, female; implantation; excretory; germ layers; segmentation.  
 Spuler, A.: blood; ovum.  
 Spurgat, F.: nose.  
 Ssoblew, L.: pancreas.

Staderini, R.: blood vessels; brain; hypophysis; nerves; epiphysis; pharynx.  
 Stahr, H.: tongue.  
 Stanculeanu, G.: eye.  
 Staurengi, C.: skeleton.  
 Stefanowska, M.: brain.  
 Steinach, E.: eye.  
 Sternberg, M.: skeleton.  
 Sterzi, G.: connective tissue; blood vessels.  
 Stieda, L.: blood vessels; thyroid; thymus.  
 Stilling, H.: suprarenal; genitalia, male.  
 Stintzing, R.: intestine.  
 Stirling, W.: muscles, smooth.  
 Stöhr, P.: cytology; lymphatics.  
 Stolper, L., and Herrmann, E.: genitalia, female.  
 Strahl, H.: genitalia, female; implantation; general; head; tail; germ layers; intestine; placenta; excretory.  
 Strahl, H., and Carius, F.: heart.  
 Strahl, H., and Henneberg, B.: genitalia, female.  
 Streissler, E.: muscles, skeletal.  
 Stricht, O. Van der: blood; coelom; cytology; excretory.  
 Strickland-Goodall, J.: excretory.  
 Stroebe, H.: nerves.  
 Stuart, T.: eye.  
 Stutzmann, J.: genitalia.  
 Suchanek, H.: nose.  
 Suchard, E.: blood vessels.  
 Sutton, J.: connective tissue.  
 Swaen, A.: liver; intestine.  
 Szabo, J.: mammary gland.  
 Szymonowicz, W.: hair.

## T.

Taddei, D.: eye.  
 Tafani, A.: placenta; impregnation; ear.  
 Tallquist, T., and Willebrand, E. v.: blood.  
 Talma, S.: mammary gland.  
 Tandler, J.: blood vessels.  
 Tanja, T.: coelom.  
 Temann, F.: habits.  
 Terterjanz, M.: nerves.  
 Tettenhamer, E.: blood.  
 Teuffel, E.: lungs.  
 Thanhoffer, L. v.: muscles, striated.  
 Théohari, A.: excretory; intestine.  
 Thomas, A.: brain.  
 Thomas, O.: general; systematic.  
 Thomé, R.: lymphatics.  
 Thunberg, C.: teeth.  
 Tiemann, H.: nose.  
 Timofeew, D.: diaphragm; genitalia, male.  
 Tims, H.: teeth.  
 Tomarkin, E.: intestine.  
 Tomes, J.: teeth.  
 Tonkoff, W.: cytology.  
 Toepfer, K.: intestine.

Tornatolo, S.: eye.  
 Tornier, G.: skeleton.  
 Toupet and Segall: blood vessels.  
 Tourneux, F.: genitalia, female; genitalia; tail; integument; segmentation.  
 Tourneux, F., and Hermann, G.: general; segmentation.  
 Tourneux, J.: embryonic appendages.  
 Trabucco, G.: palaeontology.  
 Trambusti, A.: blood.  
 Tricomi-Allegra, G.: mammary gland; nerves.  
 Trinchese, S.: muscles, striated.  
 Trouessart, E.: general; systematic.  
 Tschistowitsch, N., and Piwowarow, W.: blood.  
 Tschistowitsch, N., and Yourewitsch: blood.  
 Tuckerman, F.: tongue; taste.  
 Tullberg, T.: general; systematic.  
 Turner, J.: brain.  
 Turner, W.: brain; placenta.  
 Turner, W., and Hunter, W.: central nervous system.  
 Turstig, J.: blood vessels.

## U.

Unger, E.: mammary gland.  
 Unna, P.: central nervous system.

Urbantschitsch, V.: ear.  
 Ussow, P.: coelom.

## V.

Valenti, G.: pharynx; suprarenal.  
 Valenti, G., and d'Abundo, G.: brain.  
 Valentin, G.: text books.  
 Vas, F.: sympathetic.  
 Vassaux: eye.  
 Vastarini-Cresi, G.: blood vessels.  
 Veratti, E.: brain.  
 Vierung, W.: connective tissue.  
 Vignal, W.: brain; spinal cord.  
 Vincent, S., and Harrison, H.: lymphatics.  
 Vincenzi, L.: brain; nerve cells; nerves.  
 Viollet, P.: nose.  
 Virchow, H.: blood vessels; eye; nerve cells.  
 Viti, A.: nerves.  
 Völker, O.: diaphragm; pancreas.  
 Volpino, G.: connective tissue; muscles, smooth.  
 Vosmaer, G.: blood vessels.  
 Vosseler, J.: intestine.

## W.

Wagner, A.: systematic.  
 Wagner, R.: palaeontology.

Wagner, R., and Leuckart, R.: spermatozoa.  
 Waldeyer, W.: connective tissue; genital gland; spermatozoa; pharynx.  
 Wallenberg, A.: brain; nerves.  
 Waring, G.: habits.  
 Waterhouse, G.: general; skeleton; systematic.  
 Weber, S.: excretory.  
 Weidenreich, F.: blood; brain; lymphatics.  
 Weigner, K.: ganglia; nerves.  
 Weil, C.: impregnation.  
 Weiss, A.: skeleton.  
 Weiss, G.: muscles, skeletal.  
 Weiss, G., and Dutil, A.: muscles, striated.  
 Wenzel, E.: teeth.  
 Werneburg: habits.  
 Werner, G.: muscles, smooth.  
 White, F.: general.  
 White, P.: blood vessels.  
 Whiting, A.: spleen.  
 Wied, Max Prinz zu: general.  
 Wiedersheim, R.: teeth; text books.  
 Wiener, H., and Münzer, E.: brain.  
 Wiese: habits; systematic.  
 Wiesel, J.: suprarenal.  
 Willach, P.: eye.  
 Williams, A.: general.

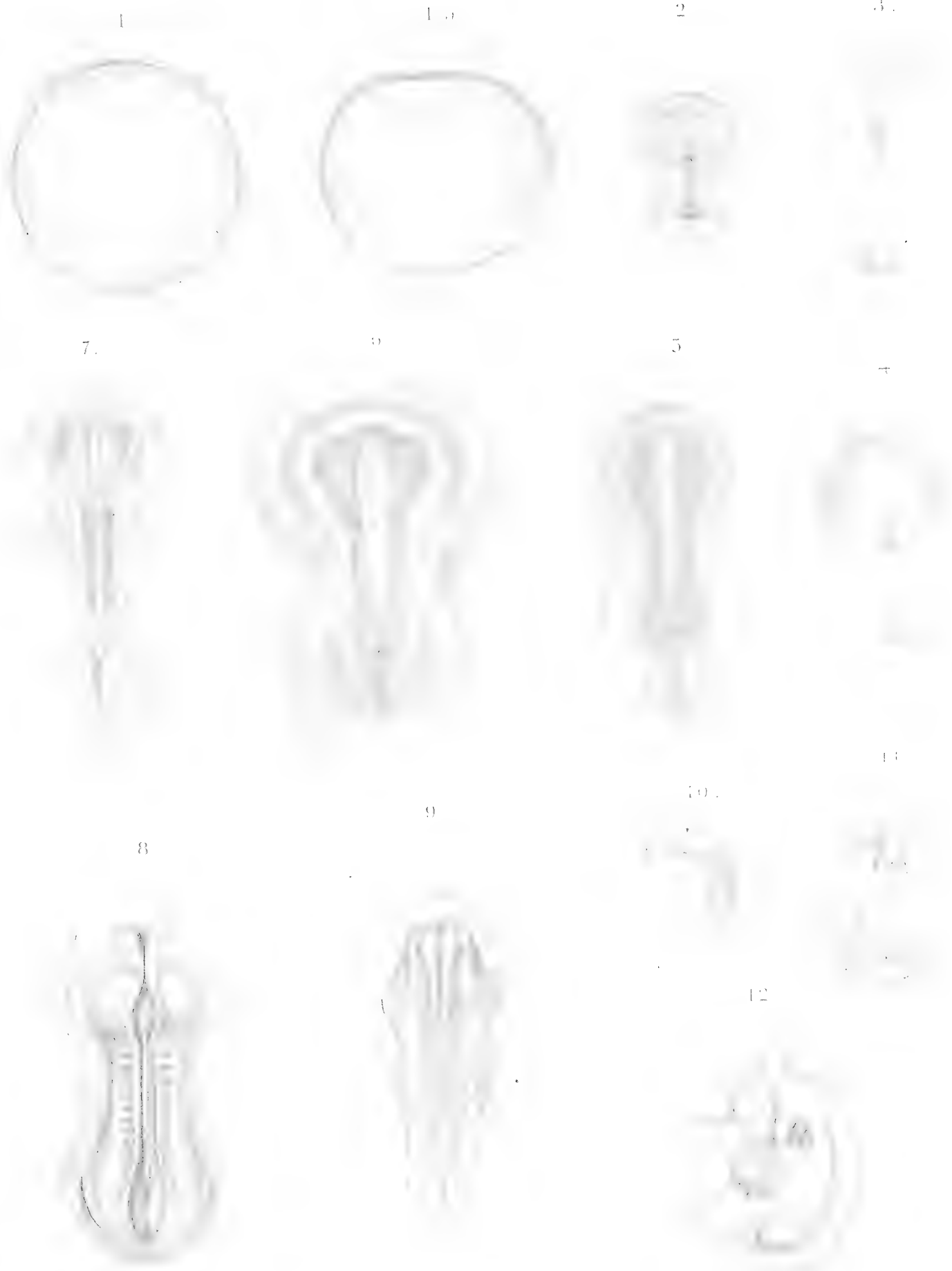
Windle, B.: general; muscles, skeletal.  
 Winge, H.: systematic.  
 Winiwarter, H. v.: ovum.  
 Winkler, F., and Schrötter, H. v.: integument.  
 Wlassak, R.: nerves.  
 Wolff, J.: supporting tissue.  
 Wolfskehl, P.: eye.  
 Woods, F.: heredity.  
 Woodward, M.: teeth.  
 Wright, R.: genitalia, male.  
 Würzburg, A.: eye.

## Y.

Yamagiwa, K.: connective tissue.  
 Young, A.: blood vessels.

## Z.

Zaaijer, T.: skeleton.  
 Zachariadès, P.: connective tissue.  
 Zander, R.: nerves.  
 Zenoni, C.: blood.  
 Zietzschmann, O.: tail.  
 Zimmermann, W.: blood vessels; cytology.  
 Zoth, O.: general.  
 Zuckerkandl, E.: blood vessels; brain; thyroid; thymus; genital gland; nose; muscles, striated.  
 Zumstein, J.: blood vessels; salivaries.



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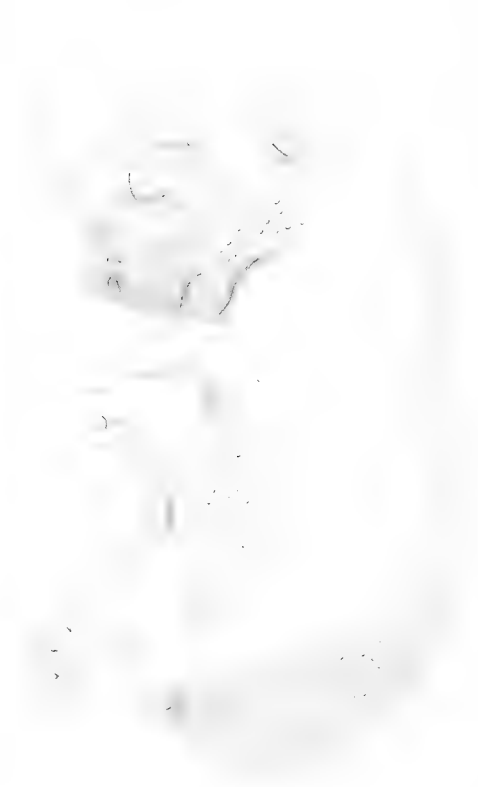
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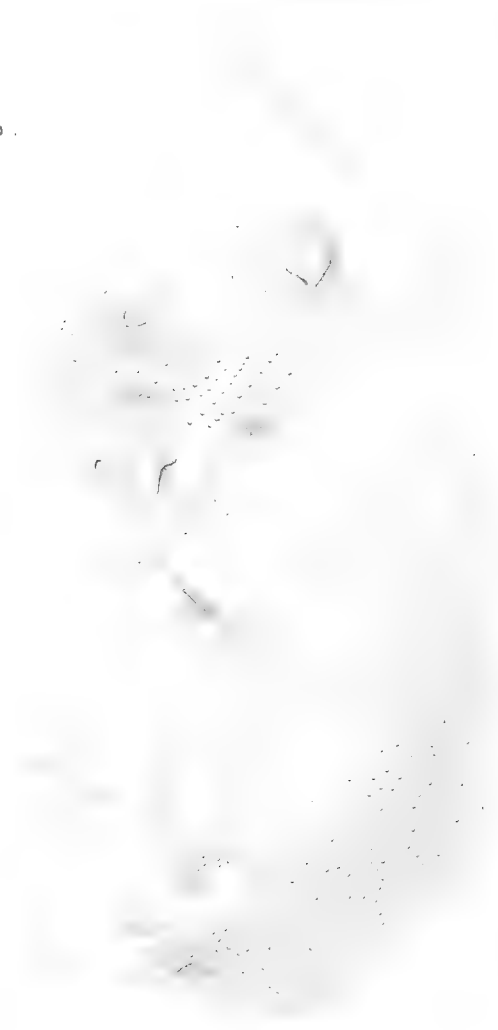
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Freiburg 11/2 d. 21 Juni 05  
15 Wölfeinstr.

Sehr geehrter Herr;

Ihren Brief vom 17 Juni habe ich erhalten und mich gefreut, daß Sie mit den Tafeln und der Art, wie Fischer die Tabellen gedruckt hat zufrieden sind. Die Anordnung der Tabellen finde ich durchaus überichtlich und gut. Die Bibliographie nach den Zetteln zu drucken wird Keinerlei Schwierigkeiten machen, auch die anderen sind so gedruckt worden. Von den Normentafeln gibt Fischer 10 Freiemplare, ich hoffe es wird Ihnen falls Sie mehr Exemplare haben wollen eine Freude.

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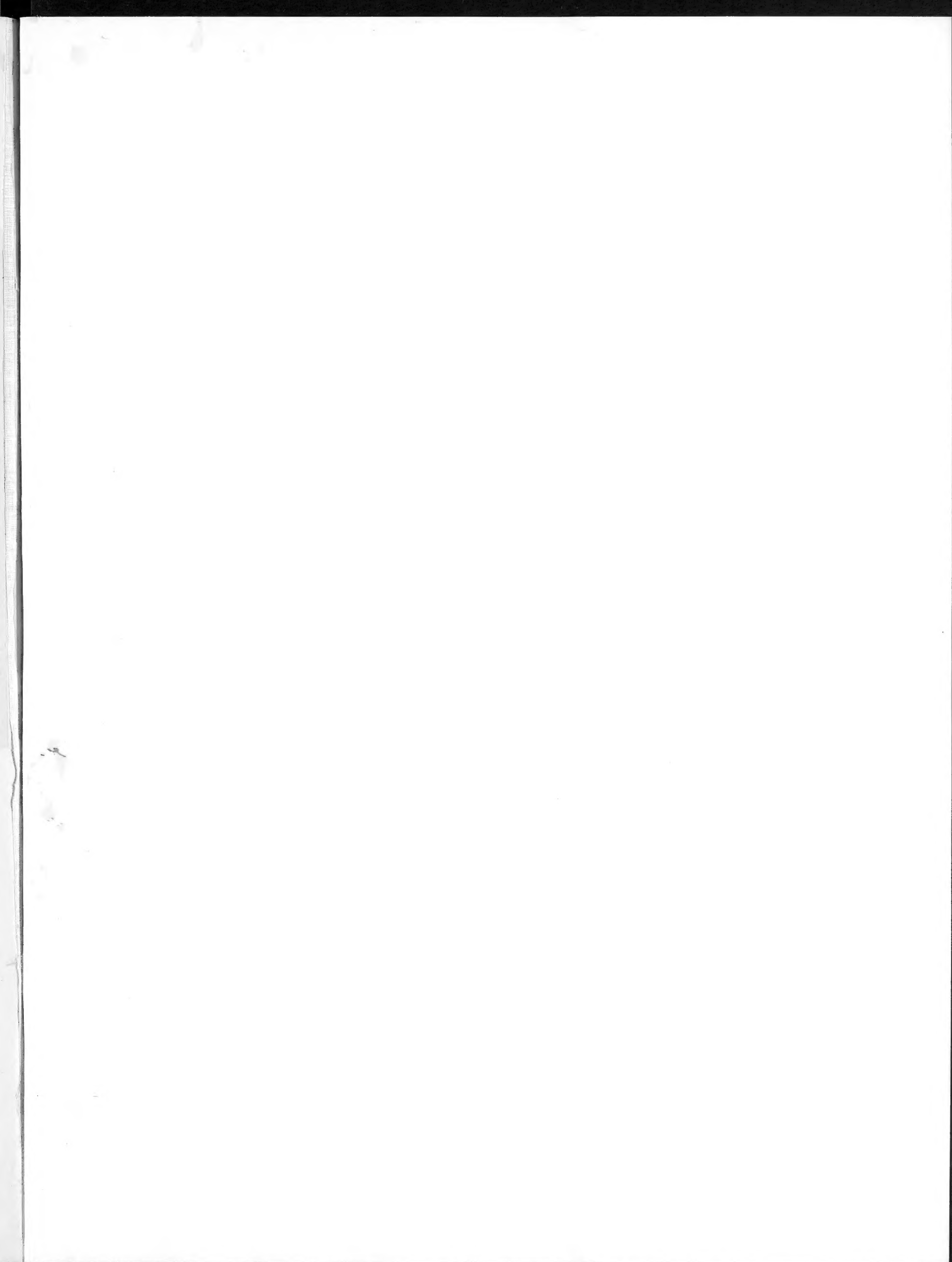
ten Preis bewilligen. Ich werde ihm  
Ihren Wunsch mitteilen, bitte  
Sie aber sich deswegen direct mit  
Fischer in Verbindung zu setzen.  
Ich hoffe und wünsche es wird mög-  
lich sein, daß der Druck der Nor-  
mentafel bis zum Anatomien-  
congress in Genua fertig ist. Viel-  
leicht können Sie die Tafel dann  
dort demonstrieren und etwas  
darüber sagen. Es freut mich sehr,  
daß ich Sie dort treffen werde,  
Ihre Frau Gemahlin kommt doch  
hoffentlich auch wieder mit. Zu-  
Ziegler will ich heute oder Freitag  
gehen und bei ihm wegen der

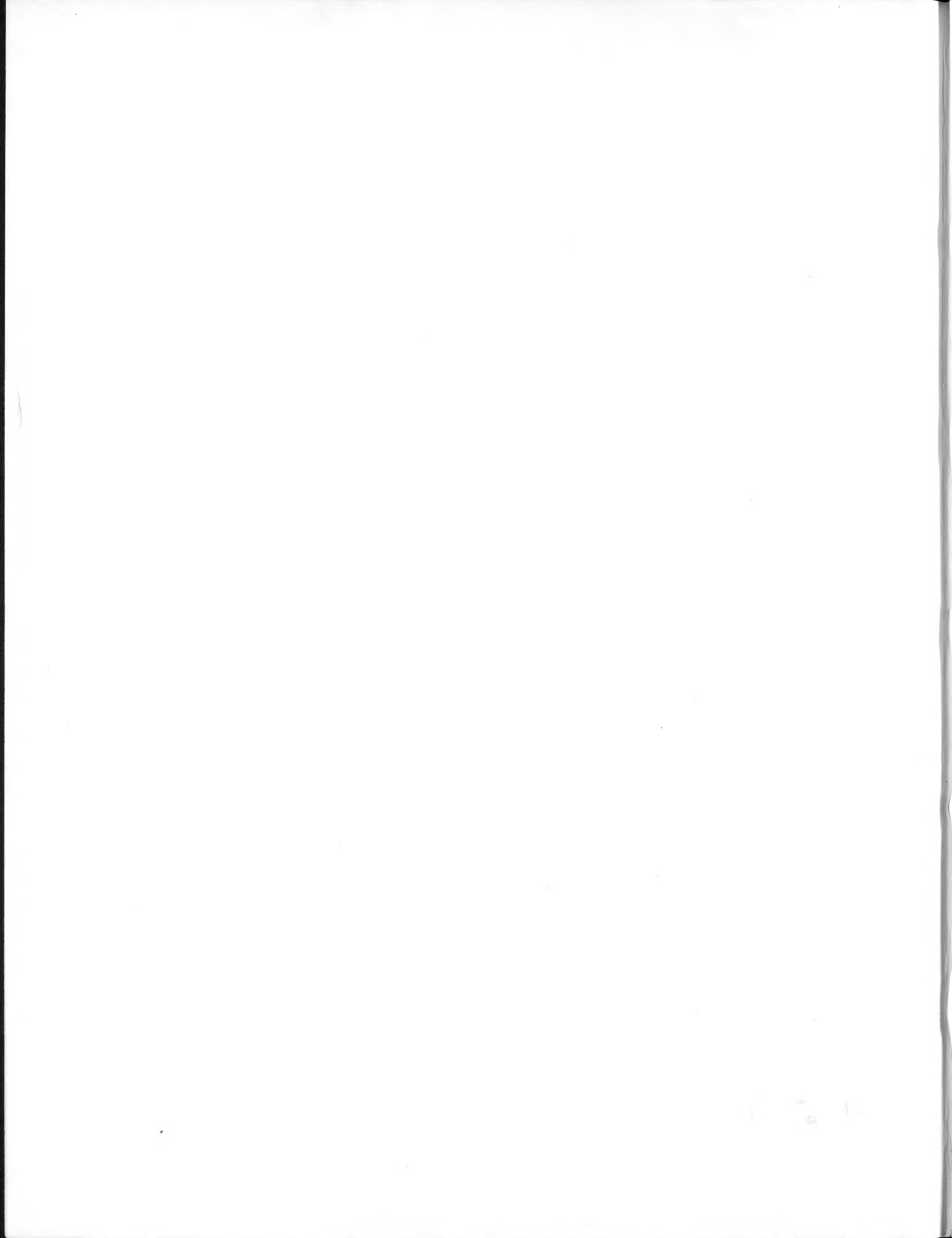
Modelle nachfragen. Mit frohem  
Gong und wiederholtem D. M. für  
alle Mühe, die Sie mit der Normen-  
tafel gehabt haben

Ihr sehr ergebener

F. Keibel.

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